# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 1-15**, **2003.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR

OMB Approval No. 0348-0043

51,000  b. Applicant  \$ 51,000  \$ 51,000  AVAILABLE TO THE STATE EXECUTIVE ORDER 1237: PROCESS FOR REVIEW ON:
1. TYPE OF SUBMISSION: Appication Construction Non-Construction Non-Constr
Application Construction Non-Construction Organizational Unit: California - Department of Parks and Recreation Address (give city, county, State, and zip code): Name and peleptone number of person to be contacted on matters in this application (give area code) Betty Ettinger (916) 65-8-8174 Name and peleptone number of person to be contacted on matters in this application (give area code) Betty Ettinger (916) 65-8-8174 Name of Parks and Recreation Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in thi
Application Construction Non-Construction Organizational Unit: California - Department of Parks and Recreation Address (give city, county, State, and zip code): Name and peleptone number of person to be contacted on matters in this application (give area code) Betty Ettinger (916) 65-8-8174 Name and peleptone number of person to be contacted on matters in this application (give area code) Betty Ettinger (916) 65-8-8174 Name of Parks and Recreation Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in this application (give area code) Name and teleptone number of person to be contacted on matters in thi
Application   Prapplication   Construction   Constr
Non-Construction
5. APPLICANT INFORMATION Legal Name: California - Department of Parks and Recreation Address (give city, county, State, and zip code): Post Office Box 942960 Sacramento 3150 Sacramento 067 California 06 94296-0001 6. EMPLOYER IDENTIFICATION NUMBER (EIN):  8. TYPE OF APPLICATION: File New Continuation Revision C. A. State H. Independent School Dist. A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: Outdoor Recreation - Acquisition, Development & Planning 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Start Date 11/1/03 6/30/08 D. Applicant \$ 51,000  10. Applicant \$ 51,000  Organizational Unit: California Department of Parks and Recreation California Department of Parks and Recreation California Department of Derson to be contacted on matters it this application give area code) Betty Ettinger (916) 651-8174  7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State H. Independent School Dist. A. State H. Independent School Dist. A. State H. Independent School Dist. B. County I. State Controlled institution of Higher Learning C. Municipal J. Private University D. Township K. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify):  9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Jacob Meyers Campground Development City of Riverbank, CA 95367  12. APELOATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 1237. PROCESS FOR REVIEW ON:  13. Federal S 51,000  14. CONGRESSIONAL DISTRICTS OF:  15. THIS PREAPPLICATION VAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 1237. PROCESS FOR REVIEW ON:
Legal Name: California - Department of Parks and Recreation Address (pive city, county, State, and zip code): Post Office Box 94/2896 Sacramento 3150 Sacramento 067 California   06 94/296-0001 6. EMPLOYER IDENTIFICATION NUMBER (EIN):    Now
Legal Name: California - Department of Parks and Recreation Address (pive city, county, State, and zip code): Post Office Box 94/2896 Sacramento 3150 Sacramento 067 California   06 94/296-0001 6. EMPLOYER IDENTIFICATION NUMBER (EIN):    Now
California - Department of Parks and Recreation  Address (give city, courty, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001  6. EMPLOYER IDENTIFICATION NUMBER (EIN):  C. EMPLOYER IDENTIFICATION NUMBER (EIN):  7. TYPE OF APPLICATION:  A. State H. Independent School Dist.  B. County I. State Controlled Institution of Higher Learn C. Municipal J. Private University D. Township K. Indian Tribo E. Increase Award D. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):  3. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  15. 9 1 6 TITLE: Outdoor Recreation - Acquisition, Development & Planning 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-61068  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Start Date Ending Date 11/11/03 6/30/08  3. Standard Federal S 51,000  5. Standard Federal S 51,000  Available To The Street EXECUTIVE ORDER 1237. PROCESS FOR REVIEW ON:
Address (give city, county, State, and zip code): Post Office Box 942996 Sacramento 3150 Sacramento 067 California 06 94296-0001 S. EMPLOYER IDENTIFICATION NUMBER (EIN):    New
Post Office Box 942996 Sacramento 3150 Sacramento 067 California 08 94296-0001  8. EMPLOYER IDENTIFICATION NUMBER (E/N):
Sacramento 3150 Sacramento 067 California 06 94296-0001  8. EMPLOYER IDENTIFICATION NUMBER (EIN):  8. TYPE OF APPLICATION:  8. TYPE OF APPLICATION:  9. Now   Continuation   Revision    10. Catalog of Federal Domestic Assistance Number:  10. Catalog of Federal Domestic Assistance Number:  11. S. TITLE: Outdoor Recreation - Acquisition, Development & Planning 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  12. State   H. Independent School Dist.    A. State   H. Independent School Dist.    B. County   I. State Controlled Institution of Higher Learning    C. Municipal   J. Private University    D. Township   E. Indian Tribe    E. Interstate   L. Individual    F. Intermunicipal   M. Profit Organization    G. Special District   N. Other (Specify)    9. NAME OF FEDERAL AGENCY:    Department of the Interior    National Park Service - Western Region 1443    10. CATALOG OF FEDERAL AGENCY:    Department of the Interior    National Park Service - Western Region 1443    11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:    Jacob Meyers Campground Development    City of Riverbank    6707 Third Street    Riverbank, CA 95367    15. Ending Date    11. Is APPLICATION SUBJECT TO REVIEW BY STATE EXECUT ORDER 12372 PROCESS    A. Applicant    S. State Date    11. Is APPLICATION SUBJECT TO REVIEW BY STATE EXECUT ORDER 12372 PROCESS FOR REVIEW ON:
California 06 94296-0001  8. EMPLOYER IDENTIFICATION NUMBER (EIN):  8. TYPE OF APPLICATION:  8. TYPE OF APPLICATION:  9. Now Continuation Revision  1. Increase Award D. Decrease Award C. Increase Duration  D. Decrease Duration Other(specify):  9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. 5 9 1 6  11. 5 9 1 6  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-61068  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Start Date 11/1/03 6/30/08  15. ESTIMATED FUNDING:  15. 40  16. Interest Appropriate letter in box)  A. State H. Independent School Dist.  B. County I. State Controlled Institution of Higher Learni C. Municipal D. Private University D. Provate University D. Provate University D. Province of Higher Learni C. Municipal D. Provate University D. Province of Higher Learni C. Municipal D. Provate University D. Province of Higher Learni C. Municipal D. Provate University D. Province of Higher Learni C. Municipal D. Provate University D. Province of Higher Learni C. Municipal D. Provate University D. Provate Universi
8. EMPLOYER IDENTIFICATION NUMBER (EIN):    Stype of APPLICATION:
8. TYPE OF APPLICATION:    New   Continuation   Revision
8. TYPE OF APPLICATION:    New   Continuation   Revision
A. State H. Independent School Dist.  8. TYPE OF APPLICATION:    New     Continuation     Revision
8. TYPE OF APPLICATION:    New   Continuation   Revision   C. Municipal   J. Private University   J. Township   K. Indian Tribe   E. Interstate   L. Individual   F. Intermunicipal   M. Profit Organization   M. Profit Organization   G. Special District   N. Other (Specify)   J. N. AME OF FEDERAL AGENCY:   Department of the Interior   National Park Service - Western Region 1443    10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:   1 5   9   1 6   M. Discorptive Title Of Applicant   J. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:   Jacob Meyers Campground Development   City of Riverbank   G707 Third Street   G707 Third
The New Continuation Revision (C. Municipal D. Township K. Indian Tribe E. Interstate L. Individual F. Internuncipal M. Profit Organization M. Other (Specify):  8. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  1 5 9 1 6  TITLE: Outdoor Recreation - Acquisition, Development & Planning  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  06-61068  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Start Date 11/1/03 6/30/08  03 19  15. ESTIMATED FUNDING:  16. Is APPLICATION SUBJECT TO REVIEW BY STATE EXECUT ORDER 12372 PROCESS?  a. Federal \$ 51,000  10. Applicant \$ 51,000  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Jacob Meyers Campground Development City of Riverbank, CA 95367  16. Is APPLICATION SUBJECT TO REVIEW BY STATE EXECUT ORDER 12372 PROCESS?  a. Federal \$ 51,000  2
If Revision, enter appropriate letter(s) in box(es)  A. Increase Award D. Decrease Duration D. Department of the Interior National Park Service - Western Region 1443  11. Descriptive Title Of Applicant Date of Papelicant Decrease Duration D. Decompany Service - Western Region 1443  11. Descriptive Title Of Applicant National Park Service - Western Region 1443  11. Descriptive Title Of Applicant National Park Service - Western Region 1443  11. Descriptive Title Of Applicant National Park Service - Western Region 1443  11. Descriptive Title Of Applicant National Park Service - Western Region 1443  11. Descriptive Title Of Applicant National Park Service - Western Region 1443  11. Descriptive Title Of Applicant National Park Service - Western Region 1443  12. Area Affected Description National Park
If Revision, enter appropriate letter(s) in box(es)  A. Increase Award  D. Decrease Duration  D. Decrease Duration  Other(specify):  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. S 9 1 6  TITILE; Outdoor Recreation - Acquisition, Development & Planning  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  06-61068  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Start Date 11/1/03 6/30/08  15. ESTIMATED FUNDING:  3. Federal  3. Federal  5. 1,000  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 1237: PROCESS FOR REVIEW ON:
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):    1
A. Increase Award D. Decrease Duration Other(specify):    Second District   N. Other (Specify)   S. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443   10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:   1
D. Decrease Duration Other(specify):    Department of the Interior National Park Service - Western Region 1443
D. Decrease Duration Other(specify):    Department of the Interior National Park Service - Western Region 1443
8. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  1 5 9 1 6  TITLE: Outdoor Recreation - Acquisition, Development & Planning  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  06-61068  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Start Date 11/1/03 6/30/08  15. ESTIMATED FUNDING:  a. Federal  5 51,000  5 100  6/30/08  5 100  6/30/08  5 100  6/30/08  5 100  6/30/08  5 100  6/30/08  6/30/08  7 19  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 1237: PROCESS FOR REVIEW ON:
Department of the Interior National Park Service - Western Region 1443  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  1 5 9 1 6 TITLE: Outdoor Recreation - Acquisition, Development & Planning  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-61068  13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date 11/1/03 6/30/08 03 15. ESTIMATED FUNDING:  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTION ORDER 12372 PROCESS?  16. PROPOSES?  17. OUTDING: 18. APPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
National Park Service - Western Region 1443  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  1
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  1 5 9 1 6  TITLE: Outdoor Recreation - Acquisition, Development & Planning  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  06-61068  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Start Date 11/1/03 6/30/08 03  15. ESTIMATED FUNDING:  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUT ORDER 12372 PROCESS?  a. Federal  5 51,000  5 1,000  17. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Jacob Meyers Campground Development City of Riverbank 6707 Third Street Riverbank, CA 95367  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUT ORDER 12372 PROCESS?  a. Federal  5 51,000  5 1,000  17. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Jacob Meyers Campground Development City of Riverbank 6707 Third Street Ri
TITLE: Outdoor Recreation - Acquisition, Development & Planning  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  06-61068  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Start Date 11/1/03 6/30/08 03 19  15. ESTIMATED FUNDING:  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUT ORDER 12372 PROCESS?  3. Federal \$ 51,000 00 00 00 00 00 00 00 00 00 00 00 00
TITLE: Outdoor Recreation - Acquisition, Development & Planning  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  06-61068  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Start Date 11/1/03 6/30/08 03 19  15. ESTIMATED FUNDING:  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUT ORDER 12372 PROCESS?  3. Federal \$ 51,000 00 00 00 00 00 00 00 00 00 00 00 00
TITLE: Outdoor Recreation - Acquisition, Development & Planning  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  06-61068  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Start Date Ending Date 6/30/08  15. ESTIMATED FUNDING:  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUT ORDER 12372 PROCESS?  a. Federal \$ 51,000  51,000  51,000  51,000  51,000  51,000  51,000  600  600  600  600  600  600  600
TITLE: Outdoor Recreation - Acquisition, Development & Planning  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  06-61068  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Start Date Ending Date 6/30/08  15. ESTIMATED FUNDING:  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUT ORDER 12372 PROCESS?  a. Federal \$ 51,000  51,000  51,000  51,000  51,000  51,000  51,000  600  600  600  600  600  600  600
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  06-61068  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Start Date 11/1/03 6/30/08 03 19  15. ESTIMATED FUNDING:  a. Federal  5 51,000  5 1,000  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUT ORDER 12372 PROCESS?  a. Federal  5 51,000  AVAILABLE TO THE STATE EXECUTIVE ORDER 1237: PROCESS FOR REVIEW ON:
13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Start Date 11/1/03 6/30/08 03 19  15. ESTIMATED FUNDING:  a. Federal \$ 51,000 00 00 00 00 00 00 00 00 00 00 00 00
06-61068  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Start Date
13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Start Date 11/1/03
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15. ESTIMATED FUNDING:  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUT ORDER 12372 PROCESS?  a. Federal  5 51,000  5 51,000  5 51,000  6 PROCESS FOR REVIEW ON:
a. Federal  \$ 51,000  D. Applicant  \$ 51,000  ORDER 12372 PROCESS?  (a) ES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 1237: PROCESS FOR REVIEW ON:
a. Federal  \$ 51,000  D. Applicant  \$ 51,000  ORDER 12372 PROCESS?  (a) ES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 1237: PROCESS FOR REVIEW ON:
a. Federal  \$ 51,000  b. Applicant  \$ 51,000  40  Solution  \$ 51,000  AVAILABLE TO THE STATE EXECUTIVE ORDER 1237: PROCESS FOR REVIEW ON:
51,000  51,000
b. Applicant \$ 51,000 AVAILABLE TO THE STATE EXECUTIVE ORDER 1237: PROCESS FOR REVIEW ON:
51,000 PROCESS FOR REVIEW ON:
51,000 PROCESS FOR REVIEW ON:
- 5444
c. State
C. State  DATE \$115/03
d. Local \$
b. No.   PROGRAM IS NOT COVERED BY E. O. 12372
e. Other \$ .00 OR PROGRAM HAS NOT BEEN SELECTED BY STAT
FOR REVIEW
1. Program Income \$ .00
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT
7074
g, TOTAL \$ 102,000. Yes If "Yes," attach an explanation.
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.
a. Type Name of Authorized Representative b. Title c. Telephone Number
Ruth Coleman Acting Director, Parks and Recreation (916) 653-7423
Train occinan
d. Signature of Authorized Representative  e. Date Signed  e. Date Signed

Authorized for Local Reproduction

Prescribed by OMB Circular A-102

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APPLICATION FOR			OMB Approval No. 0348-004			
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED August 11, 2003		Applicant Identifier N/A		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier SAI-EXEMPT		
Application Construction	Preapplication	A DATE DESCRIPTION	(FEDERAL ACENCY	Federal Identifier		
Non-Construction	Construction  Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	06-01504		
5. APPLICANT INFORMATION	The incommendation	L				
Legal Name:	. D	AND THE PROPERTY OF THE PROPER	Organizational Unit:	tmost of Barks and Postostian		
California - Department o				tment of Parks and Recreation number of person to be contacted on matters involving		
Address (give city, county, State, Post Office Box 942896 Sacramento 3150 Sa		AUG 1 5 2003	this application (give a	rea code)		
	296-0001	AUG I D LOS	(916) 651-8174			
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):	in	ZETYPE OF APPLICA	H. Independent School Dist.		
		- CLEARING HUS	A State	H. Independent School Dist		
8. TYPE OF APPLICATION:	- JOTA	TE Characteristics	B. County	J. State Controlled Institution of Higher Learning		
New	Continuation	Revision	C. Municipal	J. Private University		
New New			D. Township	K. Indian Tribe		
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual		
A bassas Assast	rease Award C. Increase	Curotian	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)		
A. Increase Award B. Deci D. Decrease Duradon Other(s		3 Dai Zuon	G. Special District	ii, odisi (oposily) <u></u>		
Bi Bostodoo Barason Ginerio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9. NAME OF FEDERA			
			Department of the			
			National Park Se	rvice - Western Region 1443		
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:		
		1 5 - 9 1 6				
TITLE Outdoor Recre	ation - Acquisition, Deve	Dopment & Planning	Ryder Park Deve			
12. AREAS AFFECTED BY PRO			City of San Mate			
68252	,		237 Ryder Street San Mateo, CA 9			
100202			San Maleu, CA s			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:				
Start Date Ending Date	a. Applicant		b. Project	40		
11/1/03 6/30/08	03	3	46 45 ABBUIGATION	12 SUBJECT TO REVIEW BY STATE EXECUTIVE		
15. ESTIMATED FUNDING:			ORDER 12372 PR			
a. Federal	\$	ø	OKDER 125/27	(03200)		
		295,754	a(YES) THIS PREA	APPLICATION/APPLICATION WAS MADE		
b. Applicant	\$	342,959	AVAILABLE TO THE STATE EXECUTIVE ORDER 123			
c. State	\$	342,505	PROCESS FOR REVIEW ON:			
C. State	a a	•	DATE	08/11/03		
d. Local	\$	00	_			
- At	· c	ón		AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE		
e. Other	\$	,	FOR REV			
f. Program Income	\$	,00	1			
i. i / og/iz/// illosilis			17. IS THE APPLICAL	NT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	638,71 <b>3</b>	Yes If "Yes,"	attach an explanation.		
18 TO THE BEST OF BY KNOW	NI EDGE AND RELIEE ALL	•	ATION/PREAPPLICAT	TION ARE TRUE AND CORRECT, THE		
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF TH	E APPLICANT AND TH	HE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF						
a. Type Name of Authorized Rep	resentative	b. Title	nles and Dagger	c, Telephone Number (916) 653-7423		
Ruth Coleman		Acting Director, Pa	irks and Recreation	e. Date Signed		
d. Signature of Authorized Repre-	Sentative			P. Late Signed		
Previous Edition Usable	11170			Standard Form 424 (Rev. 7-97)		
Authorized for Local Reproduction	n C			Prescribed by OMB Circular A-102		

APPLICATION FOR				OMB A	pproval No. 0348-0043	
		2. DATE SUBMITTED August 13	3, 2003	Applicant Identifier N/A		
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier SAI-EXEMPT		
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 06-01514		
Non-Construction  APPLICANT INFORMATION	Non-Construction		7			
egal Name California - Department o	of Parks and Recreation	ME N V E IN	Organizational Unit: California Depar	tment of Parks and Recr	eation	
Address <i>(give city, county, State,</i> Post Office Box 942896 Sacramento 3150 Sa	and zip boda)	6656	Name and telephone this application (give & Betty Ettinger (916) 651-8174	number of person to be contact	ed on matters involvin	
California 06 94  6. EMPLOYER IDENTIFICATION	1230-00011		7. TYPE OF APPLICA	ANT: (enter appropriate letter in	box)	
- COLOR		FARING HOUS	guerri Guer		A	
		TEARING HOUSE	B. County	H. Independent School Dist.  I. State Controlled Institution	of Higher Learning	
8, TYPE OF APPLICATION:	The second secon	Revision	C. Municipal	J. Private University	•	
₩ Nev		Kealsion	D. Township	K. Indian Tribe		
If Revision, enter appropriate let	ter(s) in box(es)		E. Interstate  F. Intermunicipal	L. Individual M. Profit Organization		
A. Increase Award B. Dec	crease Award C. Increas	e Duration	G. Special District	N. Other (Specify)		
/ (, 11.01 G G G G T 1.1 = 1 = 1	(specify):	io Dalatoli				
			9. NAME OF FEDER			
			Department of th	ne interior ervice - Western Region	1443	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N			ITLE OF APPLICANT'S PROJ		
		15 - 9 1 6		nunity Park Development	•	
TITLE: Outdoor Recr	reation - Acquisition, Dev	elopment & Planning	City of Corcorar			
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, S	tates, etc.):	1033 Chittender Corcoran, CA 9			
06-16224			Colcolail, or	702.12		
	14. CONGRESSIONAL D	NETBICTO OF				
13. PROPOSED PROJECT	14, CONGRESSIONAL D	MSTRICTS OF.				
Start Date Ending Date	a. Applicant		b. Project			
11/1/03 6/30/08		03		20	TATE EVECUTIVE	
15. ESTIMATED FUNDING:			· i	N SUBJECT TO REVIEW BY	STATE EXECUTIVE	
		00	ORDER 12372 F	KOCE881		
a. Federal	\$	102,000	AYES, THIS PRE	EAPPLICATION/APPLICATION	I WAS MADE	
b, Applicant	\$	00	AVAILAB	LE TO THE STATE EXEGUTIV	E ORDER 12372	
		248,000	PROCES	S FOR REVIEW ON:		
c. State	\$	.00	DATE	8/15/03		
d. Local	\$	900				
			b. No.   PROGE	RAM IS NOT COVERED BY E. OGRAM HAS NOT BEEN SELI	O. 12372 ECTED BY STATE	
e. Other	\$	.80	FOR PRO		LC (LD B) O IMIL	
f. Program Income	\$	ap.				
I. Flogram mashis		•	17. IS THE APPLIC	ANT DELINQUENT ON ANY F	EDERAL DEBT?	
g. TOTAL	\$	350,000	<b></b>	" attach an explanation.	□ No	
18. TO THE BEST OF MY KNO	OWLEDGE AND BELIEF, A	LL DATA IN THIS APPLI	CATION/PREAPPLIC	ATION ARE TRUE AND CORF	RECT, THE	
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE (	GOVERNING BODY OF T	HE APPLICANT AND	THE APPLICANT WILL COMP	YLY WITH THE	
ATTACHED ASSURANCES I				c. Telephone Number		
a. Type Name of Authorized Re Ruth Coleman	shieseuranive	b. Title Acting Director, P	arks and Recreati			
d. Signature of Authorized Rep	resontative	1		e. Date Signed		

APPLICATION FOR				OMB Approval No. 0348-0043	
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED August 1	3, 2003	Applicant Identifier N/A	
1, TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier SAI-EXEMPT	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
✓ Non-Construction	Non-Construction			06-01518	
5. APPLICANT INFORMATION			To		
Legal Name: California - Department o		n		tment of Parks and Recreation	
	cramento	G E I V E	this application (give a Betty Ettinger (916) 651-8174	number of person to be contacted on matters involving area code)	
California 06 94  6. EMPLOYER IDENTIFICATION	A ALLIANCE E EINI	00 1 F 000	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
	The A	UG 1 5 2008	A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	1, State Controlled Institution of Higher Learning	
₩ New	Continuation	Revision	C. Municipal	J. Priyate University K. Indian Tribe	
If Revision, enter appropriate lett	er(a) in box(es)		D. Township E. Interstate	L. Individual	
The state of the s			F. Intermunicipal	M. Profit Organization	
/ 11 / 11 / 12 / 12 / 12 / 12 / 12 / 12		e Duration	G, Special District	N. Other (Specify)	
D. Decrease Duration Other(	specify).		9. NAME OF FEDER	AL AGENCY:	
			Department of th	ne Interior ervice - Western Region 1443	
			1		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N		1	ITLE OF APPLICANT'S PROJECT:	
		1 5 - 9 1 6	Filipponi Acquisi City of San Luis		
	eation - Acquisition, Dev		990 Palm Street		
12. AREAS AFFECTED BY PRO	OJECT (Cities, Countles, St	ates, etc.):	San Luis Obispo		
06-68154					
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:			
Start Date Ending Date 11/1/03 6/30/08	a. Applicant	3	b, Project	23	
15. ESTIMATED FUNDING:			16. IS APPLICATION	N SUBJECT TO REVIEW BY STATE EXECUTIVE	
			ORDER 12372 P	ROCESS?	
a. Federal	\$	102,000	OVES THIS PRE	EAPPLICATION/APPLICATION WAS MADE	
b. Applicant	\$	.00	AVAILABL	LE TO THE STATE EXECUTIVE ORDER 12372	
5.7 pp//04/1		498,000	PROCESS	S FOR REVIEW ON:	
c. State	\$	OU	DATE	8115/03	
d. Local	\$	00		WAM IS NOT COVERED BY E. O. 12372	
e. Other	\$	00	D. No. □ PROGR	OGRAM HAS NOT BEEN SELECTED BY STATE	
		QQ	FOR RE	EVIEW	
f, Program Income	\$	•	17, IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?	
g, TOTAL	\$	600,000		'attach an explanation. No	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, A	LL DATA IN THIS APPLI	CATION/PREAPPLICA	ATION ARE TRUE AND CORRECT, THE	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF			HE APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Rep		b. Title		c. Telephone Number	
Ruth Coleman		Acting Director, Pa	arks and Recreation	on (916) 653-7423	
d. Signature of Authorized Repre				e. Date Signed	
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AUG-15-2003 FRI 08:11 AM

FAX NO.

OMB Approval No. 0348-0043 **APPLICATION FOR** 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE N/A August 7, 2003 State Application Identifier SAI-EXEMPT 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier 06-01509 ☐ Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: California Department of Parks and Recreation California - Department of Parks and Recreation Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): Post Office Box 942896 this application (give area code) Sacramento 3150 067 Betty Ettinger Sacramenton 94296-0001 (916) 651-8174 06 California 6. EMPLOYER IDENTIFICATION NUMBER (EIN): TYPE OF APPLICANT: (enter appropriate letter in bax) AUG 1 5 2003 Α H. Independent School Dist. A State I. State Controlled Institution of Higher Learning 8. TYPE OF APPLICATION: B. County J. Private University C. Municipal New New Continuation Revision D. Tawnship K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization C. Increase Duration G. Special District N. Other (Specify), A. Increase Award B, Decrease Award D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1 5 - 9 1 6 Heritage Park Development City of Lemoore TITLE: Outdoor Recreation - Acquisition, Development & Planning 119 Fox Street 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lemoore, CA 93245 06-41152 13. PROPOSED PROJECT 14, CONGRESSIONAL DISTRICTS OF: Start Date Ending Date a. Applicant b. Project 11/1/03 6/30/08 03 20 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: **ORDER 12372 PROCESS?** \$ a Federal 55,080 A.YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant \$ 55.080 PROCESS FOR REVIEW ON: \$ c. State DATE 8/15/03 00 \$ d. Local b. No. 🔲 PROGRAM IS NOT COVERED BY E. O. 12372 M OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other \$ FOR REVIEW άú f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. 110,160 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE

DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

b. Title

c. Telephone Number Acting Director, Parks and Recreation (916) 653-7423

d. Signature of Authorized Representative a) 0-10

e. Date Signed 8/13/03

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Ruth Coleman

FAX NO.

APPLICATION FOR			OMB Approval No. 0348-004		
	FEDERAL ASSISTANCE 2. DATE SUBMITTED August 8,		, 2003	Applicant Identifier N/A	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier SAI-EXEMPT	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction	4. DATE RECEIVED BY	I EBERAL AGENCY	06-01526	
5. APPLICANT INFORMATION					
Legal Name: California - Department o	f Parks and Recreatio	n		tment of Parks and Recrea	
	cramento 065 G	EOVE	Name and telephone r this application (give a Betty Ettinger (916) 651-8174	number of person to be contacted rea code)	on matters involving
6. EMPLOYER IDENTIFICATION			7 TYPE OF APPLICA	ANT: (anter appropriate letter in bo	OX)
	AU(	5 1 5 2000	A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:		Revision ()	B. County C. Municipal	I. State Controlled Institution of I J. Private University	Higher Learning
<b>№</b> New	Gontinuation C	Meniplou 1	D. Township	K. Indian Triba	
If Revision, enter appropriate lette	er(s) In box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A. Increase Award B. Deci	rease Award C. Increase	a Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(s	specify):		A WALLS OF SERVED	AL ACENOV	
			<ol> <li>NAME OF FEDERA Department of the National Park Se</li> </ol>		43
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJEC	Τ;
		15-916	Lopez Lake Rec.	, Area Dev.	
TITLE: Outdoor Recre	eation - Acquisition, Deve	elopment & Planning	County of San Lu		
12. AREAS AFFECTED BY PRO			1087 Santa Rosa San Luis Obispo		
06-02868			Can Edia Obiapo	, 6/1 30-100	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			
Start Date	a. Applicant 0:	3	b. Project	22	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PF	SUBJECT TO REVIEW BY STA	TE EXECUTIVE
a. Federal	\$	147, <b>9</b> 00	(a.) YES. THIS PRE	APPLICATION/APPLICATION WA	AS MADE
b. Applicant	\$	147,900		E TO THE STATE EXECUTIVE C FOR REVIEW ON:	)RDER 12372
c. State	\$	. og	DATE	8/15/03	
d. Local	\$	. QO		AM IS NOT COVERED BY E. O.	
e. Other	\$	90	OR PROF	GRAM HAS NOT BEEN SELECT /IEW	ED BY STATE
f. Program Iricome	\$	<u>αρ</u> -	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDI	ERAL DEBT?
g. TOTAL	\$	295,800	Yes If "Yes,"	attach an explanation.	☐ No
1	AUTHORIZED BY THE GO	OVERNING BODY OF TH	ATION/PREAPPLICATE APPLICANT AND TI	TION ARE TRUE AND CORRECT HE APPLICANT WILL COMPLY	T, THE WITH THE
a. Type Name of Authorized Rep		b, Title Acting Director, Pa	rke and Recreation	c. Telephone Number (916) 653-7423	***
Ruth Coleman  d. Signature of Authorized Repre		Acting Director, Fa	ING BIRG INDOIGERIO	e, Date Signed	
111111111111111111111111111111111111111	15,470			1 1 4 / 6 )	

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	PPLICATION FOR			Applicant Identifier		
EDERAL ASSISTANCE		2. DATE SUBMITTED August 8	, 2003	N/A		
		3. DATE RECEIVED BY		State Application Identifier SAI-EXEMPT		
pplication	eapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 06-01528		
Construction  Non-Construction	Non-Construction			06-01528		
PPLICANT INFORMATION			Organizational Unit:			
( )   ()	- Description		Galifornia Denar	tment of Parks and Recreation		
alifornia - Department of P	arks and Recreation	下医医屋世	Name and telephone	number of person to be contacted on matters involve		
ress (give city, county, State, and	1 zip code):	0) 6 6 6	this application give a	area code)		
st Office Box 942896	amento 067	υ <u>/</u> /	Betty Ettinger			
icia; nones	96-0001	MI AUG 15	2(916) 651-8174	ANT: (enter appropriate letter in box)		
MPLOYER IDENTIFICATION N	UMBER (EIN):	LILL AUG	7. TYPE OF APPLIC	A A		
			A, State	H Independent School Dist.		
		en epo g martin de la companya de la	B. County	I. State Controlled Institution of Higher Learning		
YPE OF APPLICATION:	1	SIMEULLE	C. Municipal	J. Private University		
New New	Continuation	Revision	D. Township	K, Indian Tribe		
tevision, enter appropriate letter(:	(3e)xod ni (z		E. Interstate	L. Individual		
evision, enter appropriate into (	_	F. Intermunicipal	M, Profit Organization  N. Other (Specify)			
Increase Award B. Decrea	ese Award C. Increa	se Duration	G, Special District	M. Other (opeons)		
), Decrease Duration Other(spe	ecify):		9. NAME OF FEDER	RAL AGENCY:		
			Department of t	he Interior		
			National Park S	ervice - Western Region 1443		
			44 DECCRIPTIVE	TITLE OF APPLICANT'S PROJECT:		
. CATALOG OF FEDERAL DON	MESTIC ASSISTANCE	NUMBER:	_ 1			
•		1 5 - 9 1 6		dlife Dev		
TITLE: Outdoor Recrea	aion - Acquisition, De	velopment & Planning	City of Ridgecr	est		
TITLE: Outdool Recrea	ITOT (Cities Counties )	States etc.):	- 100 West Calif	Offilia Averide		
2. AREAS AFFECTED BY PROJ	JECT (Chies, Cophies, C	Julios, Siery	Ridgecrst, CA	33333		
6-60704						
T		DISTRICTS OF:				
3. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTO CIT				
3. PROFESED FROM		DISTRICTO	b. Project	21		
tart Date Ending Date	a, Applicant	03	,	21		
tart Date Ending Date 11/1/03 6/30/08	a, Applicant		16, IS APPLICATION	ON SUBJECT TO REVIEW BY STATE EXECUTIVE		
tart Date Ending Date 11/1/03 6/30/08	a, Applicant	03	,	ON SUBJECT TO REVIEW BY STATE EXECUTIVE		
tart Date Ending Date 11/1/03 6/30/08 5, ESTIMATED FUNDING:	a, Applicant	03	16. IS APPLICATION ORDER 12372	ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?		
tart Date Ending Date 11/1/03 6/30/08 5, ESTIMATED FUNDING:	a, Applicant	40,800	16. IS APPLICATION ORDER 12372	ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?		
tart Date Ending Date 11/1/03 6/30/08 5. ESTIMATED FLINDING:	a, Applicant	03	16. IS APPLICATION ORDER 12372  (a) YES. THIS PINAVAILA	ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?		
tart Date Ending Date 11/1/03 6/30/08 5. ESTIMATED FLINDING:	a. Applicant \$ \$	40,800 Page 1	16. IS APPLICATION ORDER 12372  (a) YES. THIS PROCE	ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:		
tart Date Ending Date 11/1/03 6/30/08 5. ESTIMATED FLINDING:	a. Applicant	40,800 (10)	16. IS APPLICATION ORDER 12372  (a) YES. THIS PROCE	ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372		
tart Date 11/1/03 Ending Date 6/30/08 5. ESTIMATED FLINDING: ., Federal b, Applicant c. State	a. Applicant \$ \$	40,800 (10)	16. IS APPLICATION ORDER 12372  (a) YES. THIS PINAVAILA PROCE	ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 ISS FOR REVIEW ON:		
tart Date 11/1/03 5. ESTIMATED FUNDING:  1. Federal  2. Applicant  3. FROM STATE STATE  4. For a state  5. State	a. Applicant \$ \$	40,800 (10 A) (1	16. IS APPLICATION ORDER 12372  (a) YES. THIS PINAVAILA PROCE	ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 ISS FOR REVIEW ON:  8/15/03  CRAMIS NOT COVERED BY E. O. 12372		
tart Date 11/1/03  5. ESTIMATED FLINDING:  Federal  Applicant  S. State	a. Applicant \$ \$	40,800 (10 40,800 AC)	16. IS APPLICATION ORDER 12372  (a) YES. THIS PINAVAILA PROCE	ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:		
tart Date 11/1/03 5. ESTIMATED FUNDING:  1. Federal 5. Applicant 6. State 1. Local	a, Applicant \$ \$ \$ \$	40,800 (10 40,800 56 56 56 56 56 56 56 56 56 56 56 56 56	16. IS APPLICATION ORDER 12372  (a) YES. THIS PICTURE AVAILATED PROCE  DATE  b. No.   PROCE  OR P  FOR	ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 ISS FOR REVIEW ON:  8/15/03  GRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW		
tart Date 11/1/03 6/30/08 5. ESTIMATED FLINDING: , Federal . Applicant . State d. Local . Other	a, Applicant \$ \$ \$ \$	40,800 (10 A) (1	16. IS APPLICATION ORDER 12372  (a) YES. THIS PICTURE AVAILATED PROCE  DATE  b. No.   PROCE  OR P  FOR	ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 ISS FOR REVIEW ON:  8/15/03  GRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW		
tart Date 11/1/03 6/30/08 5. ESTIMATED FLINDING: , Federal . Applicant . State d. Local . Other	a, Applicant  \$ \$ \$ \$	40,800 (10 A) (1	16. IS APPLICATION ORDER 12372  a) YES. THIS PIECE AVAILA PROCE DATE  b. No.   PROCE OR P FOR	PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 ISS FOR REVIEW ON:  GRAM IS NOT COVERED BY E, O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW  ICANT DELINQUENT ON ANY FEDERAL DEBT?		
tart Date 11/1/03 5. ESTIMATED FUNDING:  1. Federal 5. Applicant 5. State 1. Local 6. Other 6. Program Income	a. Applicant  \$ \$ \$ \$ \$ \$ \$	40,800 000 40,800 000 000 000 000 000 000 000 000 00	16. IS APPLICATION ORDER 12372  (a) YES. THIS PIROCE  DATE  DATE  D. No.   PROPERTY OF PORE  17. IS THE APPL  YES IF "YES	PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:		
tart Date 11/1/03	a. Applicant  \$ \$ \$ \$ \$ \$ \$	40,800 000 40,800 000 000 000 000 000 000 000 000 00	16. IS APPLICATION ORDER 12372  (a) YES. THIS PICTURE AVAILATION PROCE  DATE  b. No.   PROPERTY PROCE  17. IS THE APPL  YES IF YES	PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 ISS FOR REVIEW ON:  8/15/03  GRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW  ICANT DELINQUENT ON ANY FEDERAL DEBT?  15," attach an explanation.  NO		
tart Date 11/1/03 5. ESTIMATED FUNDING:  5. Federal 6. Applicant 7. State 7. Cother 7. Program Income 8. TOTAL 7. TO THE BEST OF MY KNOWN PROCLIMENT HAS BEEN DULY	a. Applicant  \$ \$ \$ \$ \$ \$  \$  WLEDGE AND BELIEF	40,800 00 00 00 00 00 00 00 00 00 00 00 00	16. IS APPLICATION ORDER 12372  (a) YES. THIS PICTURE AVAILATION PROCE  DATE  b. No.   PROPERTY PROCE  17. IS THE APPL  YES IF YES	PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 ISS FOR REVIEW ON:  8/16/03  GRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW  ICANT DELINQUENT ON ANY FEDERAL DEBT?  15," attach an explanation.  NO		
tart Date 11/1/03 6/30/08 5. ESTIMATED FUNDING:  Federal Applicant State  Local Cher Program Income TOTAL  18. TO THE BEST OF MY KNOW	a. Applicant  \$ \$ \$ \$ \$ \$  \$  WLEDGE AND BELIEF	40,800 00 00 00 00 00 00 00 00 00 00 00 00	16. IS APPLICATION ORDER 12372  (a) YES. THIS PICTURE AVAILATION OF PROPERTY O	PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 ISS FOR REVIEW ON:  8/16/03  GRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW  ICANT DELINQUENT ON ANY FEDERAL DEBT?  15," attach an explanation.  10 No  ICATION ARE TRUE AND CORRECT, THE D THE APPLICANT WILL COMPLY WITH THE		
tart Date 11/1/03 6/30/08 5. ESTIMATED FLINDING:  Federal Applicant State 1. Local Cher Frogram Income TOTAL  18. TO THE BEST OF MY KNOWN DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	\$ \$ \$ \$ \$ \$ \$ WLEDGE AND BELIEF AUTHORIZED BY THE ASSISTANCE IS	40,800 00 00 00 00 00 00 00 00 00 00 00 00	16. IS APPLICATION ORDER 12372  (a) YES. THIS PICTURE AVAILATION OF PROPERTY O	PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 ISS FOR REVIEW ON:  8/16/03  GRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW  ICANT DELINQUENT ON ANY FEDERAL DEBT?  15," attach an explanation.  10 No  ICATION ARE TRUE AND CORRECT, THE D THE APPLICANT WILL COMPLY WITH THE		
tart Date 11/1/03 6/30/08 5. ESTIMATED FUNDING:  Federal Applicant State 1. Local 3. Other Frogram Income J. TOTAL 18. TO THE BEST OF MY KNOWN DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Type Name of Authorized Rep Ruth Coleman	\$ \$ \$ \$ \$ \$  \$ WLEDGE AND BELIEF AUTHORIZED BY THE ASSISTANCE IS ADDRESSIDED.	40,800 00 00 00 00 00 00 00 00 00 00 00 00	16. IS APPLICATION ORDER 12372  (a) YES. THIS PICTURE AVAILATION OF PROPERTY O	PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 ISS FOR REVIEW ON:  8/16/03  GRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW  ICANT DELINQUENT ON ANY FEDERAL DEBT?  ICANT DELINQUENT ON ANY FEDERAL DEBT.		
tart Date 11/1/03 5. ESTIMATED FLINDING:  Federal Applicant State 1. Local Cher Frogram Income TOTAL 18. TO THE BEST OF MY KNOWN DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Type Name of Authorized Rep Ruth Coleman	\$ \$ \$ \$ \$ \$  \$ WLEDGE AND BELIEF AUTHORIZED BY THE ASSISTANCE IS ADDRESSIDED.	40,800 00 00 00 00 00 00 00 00 00 00 00 00	16. IS APPLICATION ORDER 12372  (a) YES. THIS PI AVAILA PROCE  DATE  b. No.   PRO  FOR  17. IS THE APPL  YES IT "YES  CLICATION/PREAPPLICANT AN	PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 ISS FOR REVIEW ON:  9/15/03  GRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW  ICANT DELINQUENT ON ANY FEDERAL DEBT?  DE," attach an explanation.  ICATION ARE TRUE AND CORRECT, THE D THE APPLICANT WILL COMPLY WITH THE  c. Telephone Number (916) 653-7423  e. Date Signed,		
tart Date 11/1/03 6/30/08 5. ESTIMATED FLINDING:  . Federal  . Applicant  . State 1. Local 2. Other 6. Program Income g. TOTAL 18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Type Name of Authorized Rep	\$ \$ \$ \$ \$ \$  \$ WLEDGE AND BELIEF AUTHORIZED BY THE ASSISTANCE IS ADDRESSIDED.	40,800 00 00 00 00 00 00 00 00 00 00 00 00	16. IS APPLICATION ORDER 12372  (a) YES. THIS PI AVAILA PROCE  DATE  b. No.   PRO  FOR  17. IS THE APPL  YES IT "YES  CLICATION/PREAPPLICANT AN	PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 ISS FOR REVIEW ON:  8/16/03  GRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW  ICANT DELINQUENT ON ANY FEDERAL DEBT?  ICANT DELINQUENT ON ANY FEDERAL DEBT.		

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AP	PI	_IC	AT	ION	FO	R
FF	DE	=R	AL.	ASS	IST	ANCE

PPLICATION FOR		TENDATE SUDMILLERED				
DERAL ASSISTANC	CE STATE	(2.DATE SUBMITTED	7, 2003	Applicant Identifier N/A		
YPE OF SUBMISSION: 3. DATE RECEIVED B			STATE	State Application Identifier SAI-EXEMPT		
Application Preapplication		4. DATE RECEIVED BY	CEDERAL AGENCY	Federal Identifier		
	Construction	4. DATE RECEIVED BY	PEDERAL AGENCY	06-01506		
Non-Construction	Non-Construction					
PPLICANT INFORMATION			Organizational Unit:			
al Name:	Backs and Recreat	tion	California Depar	tment of Parks and Recreation		
alifornia - Department of	Parks and record	COTT	Name and telephone	number of person to be contacted on matters involved		
fress (give city, county, State, a	ind zip code):		this application (give area code)			
ost Office Box 942896	ramento 067		Betty Ettinger			
acjaillolla, alea ale	296-0001		(916) 651-8174			
alifornia 06 942 EMPLOYER IDENTIFICATION			7. TYPE OF APPLIC	ANT: (enter appropriate letter in box)		
EMPLOYER IDENTIFICATION				A		
			A. State	H. Independent School Dist. I. State Controlled Institution of Higher Learning		
TYPE OF APPLICATION:			B. County			
	Continuation	Revision	C. Municipal	J. Private University		
<b>№</b> New	LI Continuation		D. Township	K. Indian Tribe L. Individual		
Revision, enter appropriate letter	r(s) in box(es)		E. Interstate	L, Individual  M. Profit Organization		
re ever a record of the control of t	·	<u></u>	F. Intermunicipal	N, Other (Specify)		
A. Increase Award B. Decre	ease Award C. Incre	esse Duration	G. Special District	14, Other (Openity)		
D. Decrease Duration Other(s)	pecify):		9. NAME OF FEDER	RAL AGENCY:		
			Department of the	he Interior		
			National Park S	ervice - Western Region 1443		
	-			TITLE OF APPLICANT'S PROJECT:		
TITLE: Outdoor Recre	DMESTIC ASSISTANCE eation - Acquisition, D DJECT (Cities, Counties	1 5 - 9 1 6 Development & Planning	Peterson Park I City of Stocktor 6 East Lindsay Stockton, CA	n, Parks and Recreation Department		
TITLE: Outdoor Recre 2. AREAS AFFECTED BY PRO 06- 75000	eation - Acquisition, D	1 5 — 9 1 6	City of Stocktor 6 East Lindsay	n, Parks and Recreation Department		
TITLE: Outdoor Recre 2. AREAS AFFECTED BY PRO 06- 75000 3. PROPOSED PROJECT	eation - Acquisition, EDJECT (Cities, Counties  14. CONGRESSIONA	1 5 — 9 1 6	City of Stocktor 6 East Lindsay	n, Parks and Recreation Department		
TITLE: Outdoor Recre  2. AREAS AFFECTED BY PRO  06- 75000  3. PROPOSED PROJECT  tart Date Ending Date	eation - Acquisition, D	1 5 — 9 1 6	City of Stocktor 6 East Lindsay Stockton, CA	n, Parks and Recreation Department		
TITLE: Outdoor Recre 2. AREAS AFFECTED BY PRO 16-75000 3. PROPOSED PROJECT  Tart Date Ending Date 11/1/03 6/30/08	eation - Acquisition, EDJECT (Cities, Counties  14. CONGRESSIONA	1   5   -   9   1   6 Development & Planning a, States, etc.):	City of Stocktor 6 East Lindsay Stockton, CA	n, Parks and Recreation Department		
TITLE: Outdoor Recre  2. AREAS AFFECTED BY PRO  06- 75000  3. PROPOSED PROJECT  tart Date Ending Date	eation - Acquisition, EDJECT (Cities, Counties  14. CONGRESSIONA	1   5   -   9   1   6 Development & Planning a, States, etc.):	City of Stocktor 6 East Lindsay Stockton, CA	n, Parks and Recreation Department 95202-1997  11  ON SUBJECT TO REVIEW BY STATE EXECUTIVE		
TITLE: Outdoor Recre  2. AREAS AFFECTED BY PRO  3. PROPOSED PROJECT  tart Date Ending Date  11/1/03 6/30/08  5. ESTIMATED FUNDING:	pation - Acquisition, D DJECT (Cities, Counties 14. CONGRESSIONA a. Applicant	1   5   -   9   1   6 Development & Planning  of, States, etc.):  L DISTRICTS OF:	b. Project  16. IS APPLICATIO ORDER 12372	n, Parks and Recreation Department 95202-1997  11  ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?		
TITLE: Outdoor Recre 2. AREAS AFFECTED BY PRO 3. PROPOSED PROJECT tart Date Ending Date 11/1/03 6/30/08 5. ESTIMATED FUNDING:	eation - Acquisition, EDJECT (Cities, Counties  14. CONGRESSIONA	1   5   -   9   1   6 Development & Planning a, States, etc.):	b. Project  16. IS APPLICATION ORDER 12372	11 PROCESS?		
TITLE: Outdoor Recre 2. AREAS AFFECTED BY PRO 3. PROPOSED PROJECT  tart Date Ending Date 11/1/03 6/30/08 5. ESTIMATED FUNDING:	pation - Acquisition, D DJECT (Cities, Counties 14. CONGRESSIONA a. Applicant	1   5   -   9   1   6 Development & Planning  1, States, etc.):  11 DISTRICTS OF:  03  51,000	b. Project  16. IS APPLICATIO ORDER 12372  YES. THIS PR	11 ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372		
TITLE: Outdoor Recre 2. AREAS AFFECTED BY PRO 3. PROPOSED PROJECT  tart Date Ending Date 11/1/03 6/30/08 5. ESTIMATED FUNDING:	eation - Acquisition, EDJECT (Cities, Counties  14. CONGRESSIONA  a. Applicant	1   5   -   9   1   6 Development & Planning is, States, etc.):  LDISTRICTS OF:  03  51,000	b. Project  16. IS APPLICATION ORDER 12372  YES THIS PRAVAILAE PROCES	11 DN SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:		
TITLE: Outdoor Recre 2. AREAS AFFECTED BY PRO 3. PROPOSED PROJECT  tart Date Ending Date 11/1/03 6/30/08 5. ESTIMATED FUNDING:  Federal Applicant	eation - Acquisition, EDJECT (Cities, Counties  14. CONGRESSIONA  a. Applicant	1   5   -   9   1   6 Development & Planning  1, States, etc.):  11 DISTRICTS OF:  03  51,000	b. Project  16. IS APPLICATION ORDER 12372  YES THIS PRAVAILAE PROCES	11 DN SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:		
TITLE: Outdoor Recre  2. AREAS AFFECTED BY PRO  06- 75000  3. PROPOSED PROJECT  Itart Date Ending Date  11/1/03 6/30/08	eation - Acquisition, EDJECT (Cities, Counties  14. CONGRESSIONA  a. Applicant  \$ \$ \$	1   5   -   9   1   6 Development & Planning is, States, etc.):  LDISTRICTS OF:  03  51,000	b. Project  16. IS APPLICATION ORDER 12372  YES. THIS PROCES DATE	11 ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS? REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:  213/03		
TITLE: Outdoor Recre 2. AREAS AFFECTED BY PRO 3. PROPOSED PROJECT  tart Date	eation - Acquisition, EDJECT (Cities, Counties  14. CONGRESSIONA  a. Applicant  \$	1   5   -   9   1   6 Development & Planning is, States, etc.):  LDISTRICTS OF:  03  51,000	b. Project  16. IS APPLICATION ORDER 12372  YES. THIS PROCES DATE	11 DN SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:  Q 13 63  REAM IS NOT COVERED BY E. O. 12372		
TITLE: Outdoor Recre  2. AREAS AFFECTED BY PRO  3. PROPOSED PROJECT  STATE Date Ending Date 11/1/03 6/30/08  5. ESTIMATED FUNDING:  5. Federal  6. Applicant	eation - Acquisition, EDJECT (Cities, Counties  14. CONGRESSIONA  a. Applicant  \$ \$ \$	1   5   -   9   1   6 Development & Planning is, States, etc.):  LDISTRICTS OF:  03  51,000	b. Project  16. IS APPLICATION ORDER 12372  YES. THIS PROCES DATE	11 DN SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:  Q 13 63  REAM IS NOT COVERED BY E. O. 12372		
TITLE: Outdoor Recre  2. AREAS AFFECTED BY PRO  3. PROPOSED PROJECT  tart Date	eation - Acquisition, EDJECT (Cities, Counties  14. CONGRESSIONA  a. Applicant  \$ \$ \$	1   5   -   9   1   6 Development & Planning is, States, etc.):  LDISTRICTS OF:  03  51,000  62,000	b. Project  16. IS APPLICATION ORDER 12372  YES THIS PROCEST DATE  b. No. PROG	11 ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS? REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:  213/03		
TITLE: Outdoor Recre  2. AREAS AFFECTED BY PRO  3. PROPOSED PROJECT  Tart Date	a. Applicant  \$ \$ \$ \$	1   5   -   9   1   6 Development & Planning is, States, etc.):  LDISTRICTS OF:  03  51,000  62,000	b. Project  16. IS APPLICATION ORDER 12372  THIS PROCES DATE  D. No. PROCES FOR F	11 ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:  Q 13 63  BRAM IS NOT COVERED BY E. O. 12372  ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW		
TITLE: Outdoor Recre 2. AREAS AFFECTED BY PRO 16-75000 3. PROPOSED PROJECT  Tart Date Ending Date 11/1/03 6/30/08 5. ESTIMATED FUNDING:  Federal  Applicant  State  Local	eation - Acquisition, EDJECT (Cities, Counties  14. CONGRESSIONA  a. Applicant  \$ \$ \$	1   5   9   1   6 Development & Planning is, States, etc.):  LDISTRICTS OF:  03  51,000  62,000  60  60  60	b. Project  16. IS APPLICATION ORDER 12372  THIS PRODES  DATE  D. No. PROG	11 ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:  Q 13 63  BRAM IS NOT COVERED BY E. O. 12372  ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW		
TITLE: Outdoor Recre 2. AREAS AFFECTED BY PRO 16-75000 3. PROPOSED PROJECT  Tart Date Ending Date 11/1/03 6/30/08 5. ESTIMATED FUNDING:  Federal  Applicant  State  Local  Other	ation - Acquisition, EDJECT (Cities, Counties  14. CONGRESSIONA  a. Applicant  \$ \$ \$ \$ \$	1   5   9   1   6 Development & Planning is, States, etc.):    L DISTRICTS OF:	b. Project  16. IS APPLICATION ORDER 12372  YES. THIS PROVAILABE PROCES  DATE  D. No. PROGET OR PROPER 17. IS THE APPLICATION OF THE APPLICATION O	11 DN SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS? REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:  12		
TITLE: Outdoor Recre 2. AREAS AFFECTED BY PRO 2. 6-75000 3. PROPOSED PROJECT  Tart Date	a. Applicant  \$ \$ \$ \$ \$ \$	1   5   9   1   6 Development & Planning  1, States. etc.):  11 DISTRICTS OF:  03  51,000  62,000  00  00  00  113,000	b. Project  16. IS APPLICATION ORDER 12372  YES. THIS PROCES DATE  D. No. PROCES TO REFERENCE TO THE APPLICATION OR PROCES  17. IS THE APPLICATION TO REFERENCE TO THE APPLICATION TO REFERENCE TO THE APPLICATION TO REFERENCE TO THE APPLICATION TO THE APPLICATIO	11 DN SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:  PROGRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW  CANT DELINQUENT ON ANY FEDERAL DEBT?  8," attach an explanation.		
TITLE: Outdoor Recre  2. AREAS AFFECTED BY PRO  3. PROPOSED PROJECT  Tart Date	a. Applicant  \$ \$ \$ \$ \$	1   5   9   1   6 Development & Planning is, States, etc.):  03  51,000  62,000  62,000  113,000	b. Project  16. IS APPLICATION ORDER 12372  DATE  D. No. PROGRESSOR FOR F	11 ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:  ON:  ON:  ON:  ON:  ON:  ON:  ON:		
TITLE: Outdoor Recre 2. AREAS AFFECTED BY PRO 3. PROPOSED PROJECT  tart Date	a. Applicant  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1   5   9   1   6 Development & Planning is, States, etc.):  11 DISTRICTS OF:  03  51,000  62,000  62,000  65, ALL DATA IN THIS APPHE GOVERNING BODY OF	b. Project  16. IS APPLICATION ORDER 12372  DATE  D. No. PROGRESSOR FOR F	11 ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:  ON:  ON:  ON:  ON:  ON:  ON:  ON:		
TITLE: Outdoor Recre  AREAS AFFECTED BY PRO  6- 75000  3. PROPOSED PROJECT  Tart Date Ending Date 11/1/03 6/30/08  5. ESTIMATED FUNDING:  Federal  Applicant  State  Local  Other  Program Income  TOTAL  18. TO THE BEST OF MY KNO	a. Applicant  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1   5   9   1   6 Development & Planning is, States, etc.):  11 DISTRICTS OF:  03  51,000  62,000  62,000  65, ALL DATA IN THIS APPHE GOVERNING BODY OF	b. Project  16. IS APPLICATION ORDER 12372  DATE  D. No. PROGRESSOR FOR F	11 DN SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS? REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:  Q 13/03 BRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW  CANT DELINQUENT ON ANY FEDERAL DEBT?  8," attach an explanation.  NO CATION ARE TRUE AND CORRECT, THE DITHE APPLICANT WILL COMPLY WITH THE		
TITLE: Outdoor Recre 2. AREAS AFFECTED BY PRO 16-75000 3. PROPOSED PROJECT  Tart Date	a. Applicant  \$ \$ \$ \$ \$  WLEDGE AND BELIE Y AUTHORIZED BY THE ASSISTANCE IS	1   5   9   1   6 Development & Planning I, States, etc.):  11 DISTRICTS OF:  03  51,000  62,000  62,000  67, ALL DATA IN THIS APP HE GOVERNING BODY OF S AWARDED.  10 Tille	b. Project  16. IS APPLICATION ORDER 12372  YES THIS PROCES  DATE  D. No.   PROCES  TO REFERENCE OR PROCES  17. IS THE APPLICATION/PREAPPLICANT AND	11 DN SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:  REAPPLICATION BEEN SELECTED BY STATE REVIEW  CANT DELINQUENT ON ANY FEDERAL DEBT?  8," attach an explanation.  CATION ARE TRUE AND CORRECT, THE D THE APPLICANT WILL COMPLY WITH THE		
TITLE: Outdoor Recre  2. AREAS AFFECTED BY PRO  3. PROPOSED PROJECT  Tart Date	a. Applicant  \$ \$ \$ \$ \$ \$ \$ \$ \$ THE ASSISTANCE IS	1   5   9   1   6 Development & Planning is, States, etc.):  1 DISTRICTS OF:  03  51,000  62,000  62,000  67, ALL DATA IN THIS APPHE GOVERNING BODY OF SAWARDED.	b. Project  16. IS APPLICATION ORDER 12372  YES THIS PROCES  DATE  D. No.   PROCES  TO REFERENCE OR PROCES  17. IS THE APPLICATION/PREAPPLICANT AND	11 DN SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS? REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:  Q 13/03 BRAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW  CANT DELINQUENT ON ANY FEDERAL DEBT?  8," attach an explanation.  CATION ARE TRUE AND CORRECT, THE DITHE APPLICANT WILL COMPLY WITH THE  C. Telephone Number (916) 653-7423		
TITLE: Outdoor Recre  2. AREAS AFFECTED BY PRO  3. PROPOSED PROJECT  Tart Date	a. Applicant  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1   5   9   1   6 Development & Planning I, States, etc.):  11 DISTRICTS OF:  03  51,000  62,000  62,000  67, ALL DATA IN THIS APP HE GOVERNING BODY OF S AWARDED.  10 Tille	b. Project  16. IS APPLICATION ORDER 12372  YES THIS PROCES  DATE  D. No.   PROCES  TO REFERENCE OR PROCES  17. IS THE APPLICATION/PREAPPLICANT AND	11 DN SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:  REAPPLICATION BEEN SELECTED BY STATE REVIEW  CANT DELINQUENT ON ANY FEDERAL DEBT?  8," attach an explanation.  CATION ARE TRUE AND CORRECT, THE D THE APPLICANT WILL COMPLY WITH THE		

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APPLICATION FOR	AUG 1 3 2	000		OMB Approval No. 0348-0043		
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED G HOUSE August 3. DATE RECEIVED BY	1, 2003	Applicant Identifier N/A		
1. TYPE OF SUBMISSION:	N	3. DATE RECEIVED BY	STATE	State Application Identifier SAI-EXEMPT		
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 06-01525		
5. APPLICANT INFORMATION						
Legel Name: California - Department of	f Parks and Recreation	ı		tment of Parks and Recreation		
Address (give city, county, State, Post Office Box 942896 Sacramento 3150 Sac	and zip code): cramento 067		Name and telephone r this application (give a Betty Ettinger	number of person to be contacted on matters involving trea code)		
	296-0001		(916) 651-8174			
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)		
	<u></u>		A, State	H. Independent School Dist.		
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning		
New	Continuation	Revision	C. Municipal D. Township	J, Private University K, Indian Tribe		
<b>,</b> ·	janto army		E. Interstate	L. Individual		
If Revision, enter appropriate lette	r(s) in pox(es)	,	F. Intermunicipal	M. Profit Organization		
A. Increase Award B. Decr	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)		
D. Decrease Duration Other(s			·			
	F 7/		9. NAME OF FEDER			
			Department of th	e Interior		
				ervice - Western Region 1443		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:		
		1 5 - 9 1 6	Swim Center De	velopment		
			City of Palm Spr			
	eatlon - Acquisition, Deve		401 S. Pavillion			
12. AREAS AFFECTED BY PRO	IJECT (Cities, Countles, Stat	tes, etc.j:	Palm Springs, C	A 92262		
06-55254						
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:				
Start Date Ending Date	a. Applicant		b. Project	4.4		
11/1/03 6/30/08	03			44 N SUBJECT TO REVIEW BY STATE EXECUTIVE		
15. ESTIMATED FUNDING:			18. IS APPLICATION ORDER 12372 P			
a, Federal	\$ 255,000		a(YES) THIS PRE	APPLICATION/APPLICATION WAS MADE		
b. Applicant	\$	309,050	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
c. State	\$	•	DATE	8 13 2003		
Local \$		•	b. No. PROGRAM IS NOT COVERED BY E. O. 12372			
e. Other	00		OR PRO	OGRAM HAS NOT BEEN SELECTED BY STATE VIEW		
f. Program Incomé			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$	564,050	_	attach an explanation. No		
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLI	CATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE		
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF T	HE APPLICANT AND T	THE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF				c. Telephone Number		
a. Type Name of Authorized Rep	resentative	b. Title Acting Director, P	arks and Recreatio	(916) 653-7423		
Ruth Coleman  d. Signature of Authorized Repre	sentative	I vom a pubblish		la Date Sloped		
d. Signature of Authorized Repre	7.0.01			8-11-03		

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**APPLICATION FOR** 

FEDERAL ASSISTANCE STATE CLE 3 DATE SUBMITTED			Applicant Identifier			
	August		7, 2003	N/A		
TYPE OF SUBMISSION:     Application	Preapplication	3. DATE RECEIVED BY STATE		State Application Identifier SAI-EXEMPT		
Construction Non-Construction	Construction  Non-Construction	4. DATE RECEIVED B)	FEDERAL AGENCY	Federal Identifier 06-01531		
5. APPLICANT INFORMATION	THOIL-COMPAGNON					
Legal Name: California - Department o	f Parks and Recreatio	n	Organizational Unit: California Depart	tment of Parks and Recreation		
Address (give city, county, State,	and zip code);		<u> </u>	number of person to be contacted on matters involving		
1	cramento 067 296-0001		this application (give a Betty Ettinger (916) 651-8174	rea code)		
6. EMPLOYER IDENTIFICATION				NT: (enter appropriate letter in box)		
			A, State	H. Independent School Dist.		
8. TYPE OF APPLICATION:	Continuation	Revision	B. County C. Municipa)	State Controlled Institution of Higher Learning     J. Private University		
If Revision, enter appropriate lette		] [	D. Township E. Interstate	K, Indian Tribe L. Individual		
A. Increase Award B. Decr	rease Award C. Increase	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)		
D. Decrease Duration Other(s	ipecify):		,			
			9. NAME OF FEDERA			
			Department of the National Park Sei	rvice - Western Region 1443		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:		
		15 - 9 1 6	City of Culver Cit	y		
TITLE: Outdoor Recre	ation - Acquisition, Deve	elopment & Planning		n and Community Services Department		
12. AREAS AI FECTED BY PRO			4117 Overland A			
06-17568			Culver City, CA 9	10230		
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:				
I	a. Applicant		b. Project			
11/1/03   6/30/08	03	<u> </u>	40.10.10.10.10.10.10.10.10.10.10.10.10.10	32		
15. ESTIMATED FUNDING:		Δ.	ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE OCESS?		
a. Federal	\$ 	204,000	4 \ /	PPLICATION/APPLICATION WAS MADE		
b. Applicant	\$	204,000 0		TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:		
c. State	Local \$ .00		DATE 8/3/03  b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local						
e. Other						
f. Program Income	\$	.00	17. IS THE APPLICAN	T DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	408,000	Yes If "Yes," a	ittach an explanation.		
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE GO	VERNING BODY OF TH	ATION/PREAPPLICAT E APPLICANT AND TH	ON ARE TRUE AND CORRECT, THE E APPLICANT WILL COMPLY WITH THE		
a. Type Name of Authorized Repre	esentative	b. Title		c. Telephone Number		
Ruth Coleman d. Signature of Authorized Repres	Antative `	Acting Director, Par				
(d)	ngs			e. Date \$Igned		
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APPLICATION FOR	r	RING HUU				
FEDERAL ASSISTA	EDERAL ASSISTANCE STATE CLEAR DATE SUBMITTED August 6		6, 2003	Applicant Identifier N/A		
1. TYPE OF SUBMISSION:				State Application Identifier SAI-EXEMPT		
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction	Non-Construction			06-01522		
5. APPLICANT INFORMATION			Organizational Univ			
Legal Name: California - Department c		on		tment of Parks and Recreation		
Address (give city, county, State,	, and zlp code):		Name and telephone this application (give a	number of person to be contacted on matters involving		
Post Office Box 942896 Sacramento 3150 Sa	acramento 067		Betty Ettinger	164 (348)		
<del>-</del>	4296-0001		(916) 651-8174			
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	NT: (enter appropriate letter in box)		
			A. State	H. Independent School Dist.		
B. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning		
☑ Nev	v ☐ Continuation	Revision	C. Municipal	J. Private University		
			D. Township	K. Indian Tribe		
If Revision, enter appropriate lett	ter(s) in box(es)		E. Interstate	L. Individual		
A 1		no Durotion	F. Intermunicipal	M. Profit Organization  N. Other (Specify)		
		se Duration	G. Special District	14. Otto (Opechy)		
D. Decrease Duration Other(	apaeny).		9. NAME OF FEDERA	AL AGENCY:		
			Department of the			
<del> </del>				rvice - Western Region 1443		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	IUMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:		
		1 5 - 9 1 6	Villegas Park De	velopment		
maura Outdoor Beer	eation - Acquisition, Dev		City of Riverside			
12. AREAS AFFECTED BY PRO			3900 Main Street			
06-62000		iaiou, vivi/i	Riverside, CA 92	2522		
13. PROPOSED PROJECT	14. CONGRESSIONAL D	STRICTS OF:				
Start Date Ending Date	a, Applicant		b. Project			
11/1/03 6/30/08		)3		42		
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE		
a. Federal	\$	140,600	1			
		142,690		APPLICATION/APPLICATION WAS MADE		
b. Applicant	\$	142,690		ETO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:		
c. State	\$	٩٥	DATE 8	-12-03		
. Local \$		•	b. No.   PROGRAM IS NOT COVERED BY E. O. 12372			
		2 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
f. Program Income	\$	00	17. IS THE APPLICAL	NT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	285,380 °	1	attach an explanation.		
	AUTHORIZED BY THE G	OVERNING BODY OF TH		TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE		
a. Type Name of Authorized Rep		b. Tille		c. Telephone Number		
Ruth Coleman		Acting Director, Pa	rks and Recreation			
d. Signature of Authorized Repre	esentative			e. Date Signed 8 / 3 / // 3		
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ADDITO	ATION FOR		T			
	ATION FOR AL ASSISTAN	CE	2. DATE SUBMITTED August 8, 2003		)	Applicant Identifier
1. TYPE OF S Application Constru	Preapp	lication ruction	3. DATE RECEIVED BY STA	ATE		State Application Identifier
  X - Non-Cons 	struction Non-C	onstruction	4. DATE RECEIVED BY FED	PERAL AGENCY		Federal Identifier
	IT INFORMATION				***************************************	
Legal Name:	/ Economic Opportunities	Commississ		Organizational Unit		
Address (give	city, county, state, and zip	code)		Same	number of the no	rson to be contacted on matters
		•		involving this applicat	ion (give area cod	te)
1920 Maripo Fresno, CA	osa Mall - Suite 300 93721 ~			Lucianna Ventresca, 3 Phone - (559) 498-85	Sanctuary Directo	r
Fresno, Co	unty			Fax - (559) 498-8519		
	R IDENTIFICATION NUM	BER (EIN)		7. TYPE OF APPLIC	ATION: (enter ap	propriate letter in box) N
94 - 160651	9			A. State B. County		dent School Dist,
8. TYPE OF AI	PPLICATION: Continuation	Re	vision	C. Municipal D. Township E. Interstate	J. Private L K. Indian T L. Individua	ribe
If Revision, ent	er appropriate letter(s) in I Award B. Decrea		C. Increase Duration	F. Intermunicipal G. Special District	M. Profit O	
D. Decreas	e Duration Other (spe	cify);		9. NAME OF FEDERA U. S. Department of H Administration for	ealth & Human S	ervices camilies
12. AREAS AF	MMUNITY FOOD & N FECTED BY PROJECT (c Fresno County and C	ities, counties		FCEOC Sanctuary Community Food	/ & Nutrition Pro	eranRECEIVED AUG 1 2 2003
13. PROPOSE		14. CONGR	RESSIONAL DISTRICTS OF:			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Start Date Sept.30,2003	Ending Date Sept. 29, 2004	a. Applicant 18			b. Project 15, 17, 18	STATE CLEARING HOUSE
15. ESTIMATEL	D FUNDING:	16. IS APPI	LICATION SUBJECT TO REVIE	EW BY STATE EXECUT	IVE ORDER 123	72 PROCESS?
o. Applicant	50,000	a. YES	S)THIS PREAPPLICATION/API	PLICATION WAS MADE	AVAILABLE TO	THE
. Applicant	0		STATE EXECUTIVE ORDER	12372 PROCESS FOR F	REVIEW ON:	
. State	0		DATE: August 8, 2003			
l. Local	0	b. NC	PROGRAM IS NOT COVER	RED BY E.O. 12372		
. Other	0		OR PROGRAM HAS NOT	BEEN SELECTED BY S	TATE FOR REVI	EW
Program Incom	ne 0	17. IS THE	APPLICANT DELINQUENT ON	ANY FEDERAL DEBT?		
. TOTAL	\$50,000	1	f "Yes" attach an explanation		No X	
TTACHED ASS	S BEEN DULY AUTHORI BURANCES IF THE ASSIS	ZED BY THE G STANCE IS AW	ALL DATA IN THIS APPLICATION COVERNING BODY OF THE APPLICATION	PPLICANT AND THE API	RE TRUE AND C PLICANT WILL C	ORRECT, THE OMPLY WITH THE
. Typed Name o Roger Palo	of Authorized Representation	*re / _	1	b. Title EOC Executive Dir		c. Telephone number
	uthorized Representative	Hon	nno	JEOC EXECUTIVE DII		(559) 263-1010 e. Date Signed
nn <b>15</b> /	98bdapp)□□	Autho	rized for Local Reprodu	ction		Standard Form 424 (Rev 4-92)
uu II (			3		F	Prescribed by OMB Circular A-102

APPLICATION FOR			4.44	OMB Approval No. 0348-00
FEDERAL ASSISTA	NCE	2 DATE SUBMITTED	12 2003	Applicant (dentifier
1. TIPE OF SUBMISSION:		3. DATE RECEIVED B		State Application Identifier
Application	Preapplication			orato Applibation (danting)
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION		<u> </u>		
Legs: Name:	7		Organizational Unit:	
	estir Majua	1 War Co.	MuTuc	e War Co.
Address (give city, county, State	e, and zip cooe);		Name and telephone this application (give a	number of person to be contacted on matters involving acide)
Lakehead	e 04 56	,051		Wes 530 238 880 9
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	NT: (enter appropriate letter in box)
	540		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:		F 0 00 G C	B, County	I. State Controlled Institution of Higher Learning
74 Nev	Gonfinyation G	Revision	C Municipal	J. Private University
<u> </u>	112/1		D Township	K. Indian Tribe
If Revision, enter appropriate let	ter(s) in box(es)		E Interstate	L. Individual
A lugarania Australia D. D.	AUG	G_ T2 2003 II	1 1 1	M. Profit Organization
	reasc Award L.C. Increase	Duration	G. Special District	N. Other (Specify)
			9. NAME OF FEDERA	LAGENCY:
	STATE CL	<u>EARING</u> HOUS		1
	,1		Toral	Hevelormen
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:
,		10-760	Cousin	200,000 gallon
TITLE: ( ) CONTO	Coston & 6	Transport Trospan	Water	Storage facility +
12. AEEAS AFFECTED BY PRO	DJECT (Cities, Counties, State	es etc.):		
Lakehear C	4 Comes So	vice don	Systin	to the second se
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:	7 7	0
Store Care			Shesia	Court 4
Start Cate Ending Date	a. Applicant	<b>1</b>	b. Project	$\gamma$ . The second secon
				<u> </u>
15. ES: MATED FUNDING:				SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal	Φ.	Du Du	ORDER 12372 PRO	DCESS?
a. regengi	\$ 300 000	•	VEG TILL CROSS	
o. Applicant	\$ 500,000	00		PPLICATION/APPLICATION WAS MADE
	10,000	· ·		TO THE STATE EXECUTIVE ORDER 12372 OR REVIEW ON:
:. Stat∈	\$	.00	DATE S	8-11-03
J. Local	\$	, ab		
. Othe	\$	.00		I IS NOT COVERED BY E. O. 12372 RAM HAS NOT BEEN SELECTED BY STATE
			FOR REVIE	· - · ·
Program Income	\$	00		
TOTAL	\$	00	17. IS THE APPLICANT	DELINQUENT ON ANY FEDERAL DEBT?
	° 310 000		Yes If "Yes," at	tach an explanation.
8, TO THE BEST OF MY KNOW			TION/PREADD) ICATIO	ON ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GOV	ERNING BODY OF THE	APPLICANT AND THE	E APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF T	HE ASSISTANCE IS AWAR	DED.	FIVAIT AND THE	- OCT COMPLE WITH COMPLE WITH THE
. Type Name of Authorized Repr		Tallo	T <sub>o</sub>	. Telephone Number
	Tones	Fresic	1847/	£30 =388805
. Signature of Authorized Repres		= 0	. е	Dale Signed 8-12-03
revious Edition Usable	<del>- (~ )</del> ~			
uthorized for Local Reproduction				Standard Form 424 (Rev. 7-97)

APPLICATION FOR				OMB Approval No. 0348-
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED	<u> </u>	Applicant Identifier
4 TOPE OF CHOMBO	<del></del>	Hugust		7003
1. TYPE OF SUBMISSION:		3 DATE RECEIVED B	Y STATE	State Application Identifier
Application Construction	Preseptilication Construction			
1 <b>=</b>	i —	4. DATE RECEIVED B	Y FEDERAL AC	SENCY Federal Identifier
Non-Construction  5. AFPLICANT INFORMATION	Non-Construction	J.,		
Lega: Name:			Organizationa	I I I I I I I
LikesLine N	e'stis Musua	1 War Co.	Mu	Tuch Water Co.
Address (give city, county, State				ephone number of person to be contacted on matters invol n (give area code)
Lakehend	2 04 50	,051	Jim	Jones 530 238 880
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	•	7. TYPE OF A	APPLICANT: (enter appropriate letter in bax)
	40		A) State	H. Independent School Dist.
B. TYPE OF APPLICATION:			B County	1. State Controlled Institution of Higher Learning
4 New	Continuation	Revision	C Municipal	
	<u> </u>		D Township	
If Revision, enter appropriate let	ter(s) In Dox(es)	G 1772 2003 Ⅱ	E Interstate	L. Individual
	Recoil Groved	,	F Intermunic	
I =	rease Award C. Increase	Duration	G. Special D	District N. Other (Specify)
D. Decrease Ouration Other	specify): CTATE OI	FAMILIA LIALI		Wast Compari
,	SIAIL U	<u>EARING HOUS</u>	9: NAME OF F	EDERAL AGENCY:
			1 Cur	al Development
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NL	IMBER:	11. DESCRIPT	TIVE TITLE OF APPLICANT'S PROJECT:
;				STAUCT 200,000 gallo
	ا ا	10-760	I	
TITLE: Water &	Waseland &	Frant Program	1 Wat	a Storage facility +
12 AFEAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta	tes, etc.):	1 010	rade wistlug
Lake head C	4 Comm, Ser	vice Area	545	Time
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:	Stasso	Control
Start Late   Ending Date	s. Applicant	~	b. Project	2
1-04 6-04		2	1	$\sim$
15. ESTIMATED FUNDING:			16. IS APPLIC	ATION SUBJECT TO REVIEW BY STATE EXECUTIVE
				372 PROCESS?
a, Federal	\$ _	UD	1 0,10011 /2	orb i ive and i
	300,000	•	a. YES, THIS	S PREAPPLICATION/APPLICATION WAS MADE
b. Applicant	\$	00	4 .	ILABLE TO THE STATE EXECUTIVE ORDER 12372
••	10 000	•	1	CESS FOR REVIEW ON:
c. State	\$		1	
			DAT	E 8-11-03
d. Local	.5	,00		
			b. No. 🔲 Pf	ROGRAM IS NOT COVERED BY E. O. 12372
e. Other	\$	·		R PROGRAM HAS NOT BEEN SELECTED BY STATE
	•		ļ FO	OR REVIEW
f. Program Income	\$	<b>an</b> - ,	17 IS THE ADI	PLICANT DELINQUENT ON ANY FEDERAL DEBT?
g, TOTAL	\$	00	1 '	
•	310 00	ro ·	∐ Yes If"	Yes," attach an explanation.
18. TO THE BEST OF MY KNOW			ATION/PREAPE	PLICATION ARE TRUE AND CORRECT, THE
				AND THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF 1				
в. Турє Narne of Authorized Repr	esentative	b. Title	,	c. Telephone Number
Jim 3	Tone.s	b. Tille Presic	les 1	<u> </u>
d. Sign: ture of Authorized Repres	sentative			E30 = 38 8 F 0 F e. Date Signed 8-12-03
	- ma	> 0		
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**U.S. Department of Transportation** 

**Federal Transit Administration** 

# **Application for Federal Assistance**

Recipient ID:	5448	
Recipient Name:	YOLO COUNTY TRANSPORTATION DISTRICT	
Project ID:	CA-90-YXXX	
Budget Number:	1 - Budget Pending Approval	
Project Information:	Transit planning, ADA ops, maintenance	The state of the s

## **Part 1: Recipient Information**

AUG 1 2 2003

Project Number:	CA-90-YXXX	STATE CLEARING HOUSE
Recipient ID:	5448	
Recipient Name:	YOLO COUNTY TRANSPORTATION DISTRICT	one av se
Address:	350 INDUSTRIAL WAY , WOODLAND, CA 95776 0000	
Telephone:	(530) 661-0816	
Facsimile:	(530) 661-1732	·

#### **Union Information**

No information found.

### **Part 2: Project Information**

Project Type:	Grant	Gross Project	\$1,473,901
Project Number:	CA-90-YXXX	Cost:	
	Transit planning, ADA ops,	Adjustment Amt:	\$0
Project Description:	maintenance	Total Eligible Cost:	\$1,473,901
Recipient Type:	Other Governmental	Total FTA Amt:	\$1,179,121
necipient Type.	Organization	Total State Amt:	\$0
FTA Project Mgr:		Total Local Amt:	\$294,780
Recipient Contact:	Martie Dote	Other Federal	\$0
New/Amendment:	None Specified	Amt:	φυ
Amend Reason:	Initial Application	Special Cond Amt:	\$0
	T		

111-00 BUS - ROLLING STOCK	10	\$515,000	\$643,750
ACTIVITY			
11.17.00 VEH OVERHAUL (UP TO 20% VEH MAINT)	10	\$515,000	\$643,750
SCOPE		·	
114-00 BUS: SUPPORT EQUIP AND FACILITIES	0	\$343,836	\$429,795
ACTIVITY			
11.44.03 REHAB/RENOVATE - ADMIN/MAINT FACILITY	0	\$343,836	\$429,795
SCOPE			
113-00 BUS - STATION/STOPS/TERMINALS	0	\$128,000	\$160,000
ACTIVITY			
11.34.20 REHAB/RENOVATE - MISC BUS STATION EQUIPMENT	0	\$128,000	\$160,000
SCOPE			
442-00 METROPOLITAN PLANNING	0	\$82,400	\$103,000
ACTIVITY			
44.27.00 OTHER ACTIVITIES	0	\$82,400	\$103,000
	Estimated	d Total Eligible Cost:	\$1,473,901
	Estimated	a rotal Eligible Cost.	Ψ1,470,301
		Federal Share:	\$1,179,121
		Local Share:	\$294,780

#### OTHER (Scopes and Activities not included in Project Budget Totals)

#### **None**

No Amendment Funding Source information is available for the selected project

#### **Alternative Fuel Codes**

#### **Extended Budget Descriptions**

ADA operating assistance, MTIP Amendment 03-04 to the 2003/05 MTIP, page 52, project number Y	
ter operating accordance in the famous accordance to the medical accor	CT 14000;
provide offset of operating costs for ADA services	

APPLICA"	TION FOR				ОМ	B Approval No. 0348-0043
FEDERAL	. ASSISTA	NCE	2. DATE SUBMITTED August 1	11, 2003	Applicant Identifier N/A	
1. TYPE OF SU Application		Preapplication	3. DATE RECEIVED BY	STATE	State Application Identifier SAI-EXEMPT	
Construction:		Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	06-01504
Legal Name:		of Parks and Recreat	ion	Organizational Unit: California Depart	tment of Parks and Re	ecreation
Address (give ci Post Office I Sacramento California	3150 Sa	, and zlp code): acramento 067 4296-0001		Name and telephone this application (give a Betty Ettinger (916) 651-8174	number af person to be con irea code)	tacted on matters involving
8. EMPLOYER	IDENTIFICATIO	N NUMBER (EIN):			ANT: (enter appropriate lette	A
8. TYPE OF AP	PLICATION:  New or appropriate let		Revision	A. State B. County C. Municipal D. Township E. Interstate	H. Independent School Dis J. State Controlled Institution J. Private University K. Indian Tribe L. Individual	
A, Increase A			se Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)	NAME AND DESCRIPTION AND ADDRESS AND ADDRE
D. Decrease D	ouration Other	specify):		9. NAME OF FEDERA Department of the National Park Se		n 1443
		eation - Acquisition, De		Ryder Park Deve City of San Mate 237 Ryder Street San Mateo, CA 9	o ` :	PECEI
13. PROPOSED	PROJECT	14. CONGRESSIONAL I	DISTRICTS OF:			1 406 11
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant (	)3	b. Project	12	STATE CLEARING
15. ESTIMATEL	FUNDING:			16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY	STATE EXECUTIVE
a, Federal		\$	295,754	1 —	APPLICATION/APPLICATION	i
c, State		\$	342,959	ł	FOR REVIEW ON:	VE ORDER 12372
I. Local		\$	<u>, w</u>	DATE	08/11/03	
o, Other		\$		• -	M IS NOT COVERED BY E BRAM HAS NOT BEEN SEL	1
. Program Incom	ne	\$	00		IT DELINQUENT ON ANY	FEDERAL DEBT?
1. TOTAL		\$	638,713 <sup>.</sup>	☐ Yes If "Yes," 8	attach an explanation.	□ No
DOCUMENT HA	AS BEEN DULY SURANCES IF	AUTHORIZED BY THE G THE ASSISTANCE IS AW	OVERNING BODY OF TH		ION ARE TRUE AND COR IE APPLICANT WILL COM	
Ruth Colema			b. Title Acting Director, Par	rks and Recreation	c. Telephone Number (916) 653-7423	
Signature of A	uthorized Repre	sentative			e. Date Signed	

OMB Approval No. 0348-0043

# **APPLICATION FOR**

FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED ( August 1	(1) 2003	Applicant Identifier EIN: 68-0453614
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier Will be assigned
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
✓ Non-Construction	Non-Construction	A. DATE RECEIVED BY	I EULICAL AGENCI	T GGGILI IGGITAN,
5, APPLICANT INFORMATION			T	
Legal Name: Christian Partnership			Organizational Unit; N/A	
Address (give city, county, State,			Name and telephone r this application (give a	number of person to be contacted on matters involving real code)
2251 Florin Roa Suite				,
Sacramento,CA 9582				zil, (916) 424-4470
6 EMPLOYER IDENTIFICATION 6 8 0 4 5 3			A. State	NT: (enter appropriate letter in box)  N  H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	t. State Controlled Institution of Higher Learning
<b>∠</b> New	Continuation	Revision	C. Municipal	J. Private University
If Revision, enter appropriate lette	er(e) in hov(es)		D, Township E. Interstate	K. Indian Tribe L. Individual
TI NOVISION, OTHER APPROPRIES NAME		4-32-44	F. Intermunicipal	M. Profit Organization
	rease Award C, Increase	Duration	G. Special District	N. Other (Specify) Non-ptofit 501(c)3
D. Decrease Duration Others	specify):		9. NAME OF FEDERA	AL AGENCY:
			DHHS - Administ	tation for Children and Families - Office of
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NO	JMBER:	11. DESCRIPTIVE TO	TLE OF APPLICANT'S PROJECT:
TITLE: Will be assin  12. AREAS AFFECTED BY PRO  Sacramento, California  13. PROPOSED PROJECT			MANNA - A Com	AUG 1 1 2003
Start Date Ending Date	a. Applicant		b. Project	
12/31/03   12/31/04	Christian Part	nerships Inc.	Community Ed	conomic Development 61500 MR 1545
15. ESTIMATED FUNDING:	\$74,899.	00	16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
a, Federal	\$	90	ORDER 12372 PF	ROCESS?
a. r eucrai	4	74,899	_	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$	. 1111		E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
c. State	\$	, cro	DATE	
d. Local	\$	, (KI		
e. Other	\$	90	_	AM IS NOT COVERED BY E. O. 12372  GRAM HAS NOT BEEN SELECTED BY STATE  //EW
f. Program Income	\$	.n()	AR IS THE ARRESSA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$		-	attach an explanation.
		74,899		
18. TO THE BEST OF MY KNOWN DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	OVERNING BODY OF TH	EATION/PREAPPLICA HE APPLICANT AND T	TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep		b. Title		c. Telephone Number
Naqunett Fazil		Program Administr	rator	(916) 424-4470 e. Date Signed
d. Slopature of Authorized Regre	~ Q			8/11/03
Previous Edition Usable	7			Standard Form 424 (Rev. 7-97)
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						OMB Approval No. 0348-004
APPLICATION		2. DATE SUBM	MITTED		Applicant Identifier	
FEDERAL ASS	ISTANCE	July 23	, 2003			
TYPE OF SUBMISSION     Application	I: Preapplication	3. DATE RECE	EIVED BY STAT	E	State Application Identifier	
	Construction	4. DATE RECE	IVED BY FEDE	RAL AGENCY	Federal Identifier	The second secon
□ Non-Construction	□ Non-Construction				r cacrar raemmer	
5. APPLICANT INFORMAT	TION					
_egal Name:				Organizationa	l Unit:	
City of Watsor	nville	7 @ 16 1	WE	City	of Watsonville Municipa	al Airport
Address (give city, county, s					······································	pe contacted on matters involving
100 Aviation V	11 \			this application	n (give area code)	-
	anta Cruz County	AUG 1 1	2003		Don French	
California 950		700 .			(831) 728-6075	
B. EMPLOYER IDENTIFICATION 9 4	ATION NUMBER (#IN):	4-5-1-1			APPLICANT: (enter appropriate le	etter in box)
	L L L L L L L L L L L L L L L L L L L	FI CLEME	RING HOL	7 )	H. Independer	
3. TYPE OF APPLICATION		Cartina de la		B. County		rolled Institution of Higher Learning
	X New	Continuation	Revision	C. Municip		•
f Revision, enter appropriat	e letter(s) in box(es):			E. Intersta	·	<del>.</del>
A. Increase Award	B. Decrease Award	C. Increase Dur	ration	F. Intermu		nization
D. Decrease Duration	Other (specify):			G. Specia		
				9. NAME OF	FEDERAL AGENCY:	
					Federal Aviation Adm	inistration
0. CATALOG OF FEDERA	AL DOMESTIC	2 0 -	1 0 6	11. DESCRIP	TIVE TITLE OF APPLICANT'S F	
ASSISTANCE NUMBER	R:			1		
					nville Municipal Airpo	-
	mprovement Prograi			Santa (	Cruz County, Californ	
	PROJECT (cities, counties,	states, etc.):			Construction of Secur	ity Fence
City of Watson	ville, California					
3. PROPOSED PROJECT	Γ:	14. CONGRESS	SIONAL DISTRI	ICTS OF:		
Start Date	Ending Date	a. Applicant			b. Project	
2003	2003		17			17
5. ESTIMATED FUNDING	): 		16. IS APPLICA	ATION SUBJEC	OT TO REVIEW BY STATE EXE	CUTIVE ORDER 12372 PROCESS?
. Federal	\$		a. YES		ICATION/APPLICATION WAS N	
A 11 /	140,000	.00		STATE EXEC	JTIVE ORDER 12372 PROCES	S FOR REVIEW ON:
. Applicant	\$ 8,556	00		DATE	7/25/2003	
. State	\$	.00		DATE	HZUIZUUU .	observed and the state of the s
	7,000	.00	b. NO	PRO	OGRAM IS NOT COVERED BY I	E.O. 12372
. Local	\$		5			
	0	.00		ORF	PROGRAM HAS NOT BEEN SE	LECTED BY STATE FOR REVIEW
. Other	\$					
	0	.00			***************************************	
Program Income	\$	i	17. IS THE API	PLICANT DELI	NQUENT ON ANY FEDERAL D	EBT?
		.00			w	ाला .
. TOTAL	155 556			Yes If "Ye	s," attach an explanation	X No
TO THE BEST OF MY KNOW	155,556		TION/DDC 4 DD' 1	CATION ADD TO	IE AND CORPECT. THE SOCIETY	IT HAS BEEN DIEV
					JE AND CORRECT. THE DOCUMEN EATTACHED ASSURANCES IF THE	
Typed Name of Authorize		AND THE AFT	LIOTURE VAILL OC	b. Title	TATAONED AGGOVANGES IF THE	c. Telephone Number
• •	,				oneger.	
Donald E. Frence		·	<del></del>	Airport M	anager	(831) 728-6075
. Signature of Authorized R	kepresentative ,					e. Date Signed
1/2/	1					17-30-03

Previous Editions Not Usable

**APPLICATION FOR** OMB Approval No. 0348-0043 2. DATE SUBMITTED FEDERAL ASSISTANCE Applicant Identifier August 6, 2003 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Preapplication
Construction Application
Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction

5. APPLICANT INFORMATION Non-Construction

Ward Economic	Development Corporation	Organizational Unit:
Address (give city, county, State,	and zip code):	Name and telephone number of person to be contacted on matters involving
P. O. Box 77391	00007 7 7 7 7 7	this application (give area code) 213-747-1188
Los Angeles, CA	90007 Los Angeles County	Jacquelyn Dupont-Walker
6. EMPLOYER IDENTIFICATION		7. TYPE OF APPLICANT: (enter appropriate letter in box)
95-4206	9 6 0	A. State H. Independent School Dist.
8. TYPE OF APPLICATION:		A. State H. Independent School Dist.  B. County I. State Controlled Institution of Higher Learning
☐ New	Continuation Revision	C. Municipal J. Private University
	_	D. Township K. Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)	E. Interstate L. Individual  F. Intermunicipal M. Profit Organization
A. Increase Award B. Dec	rease Award C. Increase Duration	G. Special District N. Other (Specify) Non-Profit
D. Decrease Duration Other(s	specify):	Community Development Corporation
		9. NAME OF FEDERAL AGENCY:
		DHHS-ACF/OCS
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
	9 3 — 5 7 0	Enterprise for Humanity, a faith-
TITLECommunit	y Economic Dev. Program	based economic development
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, States, etc.):	initiative in South Los Angeles Priority Area 2 (IDP)
South Los Ange	eles	FITOTICY ATEA 2 (IDF)
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:	
Start Date Ending Date	a. Applicant	h Droinet
19/30/03/2/28/05	3.5	b. Project
9/30/03 2/28/05	35	35
9/30/03 2/28/05  15. ESTIMATED FUNDING:	35	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
9/30/03 2/28/05	35	35  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
9/30/0.3   2/28/05 15. ESTIMATED FUNDING: a. Federal	\$ 700,000	35  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
9/30/03   2/28/05 15. ESTIMATED FUNDING:	35	35  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
9/30/03   2/28/05 15. ESTIMATED FUNDING: a. Federal	\$ 700,000	35  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
9/30/03 2/28/05 15. ESTIMATED FUNDING:  a. Federal b. Applicant c. State	\$ 700,000 · 00	35  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
9/30/03   2/28/05 15. ESTIMATED FUNDING:  a. Federal b. Applicant	\$ 700,000	35  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
9/30/03   2/28/05 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State	\$ 700,000 \(^{00}\) \$ 75,000 \(^{00}\) \$ \(^{00}\) \$ \(^{00}\)	35  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE August 5, 2003  b. No. PROGRAM IS NOT COVERED BY E. O. 12372  OR PROGRAM HAS NOT BEEN SELECTED BY STATE
9/30/03   2/28/05 15. ESTIMATED FUNDING:  a. Federal b. Applicant c. State d. Local e. Other	\$ 700,000	35  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE August 5, 2003  b. No. PROGRAM IS NOT COVERED BY E. O. 12372
9/30/03   2/28/05 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local	\$ 700,000	35  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE August 5, 2003  b. No. PROGRAM IS NOT COVERED BY E. O. 12372  OR PROGRAM HAS NOT BEEN SELECTED BY STATE
9/30/03   2/28/05  15. ESTIMATED FUNDING:  a. Federal  b. Applicant  c. State  d. Local  e. Other  f. Program Income	\$ 700,000	35  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE August 5, 2003  b. No. PROGRAM IS NOT COVERED BY E. O. 12372  OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
9/30/03   2/28/05  15. ESTIMATED FUNDING:  a. Federal  b. Applicant  c. State  d. Local  e. Other  f. Program Income  g. TOTAL  18. TO THE BEST OF MY KNOW	\$ 700,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE AUgust 5, 2003  b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes If "Yes," attach an explanation.  No  ATION/PREAPPLICATION ARE TRUE AND CORRECT, THE
9/30/03   2/28/05 15. ESTIMATED FUNDING:  a. Federal  b. Applicant  c. State  d. Local  e. Other  f. Program Income  g. TOTAL  18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY	\$ 700,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE AUGUST 5, 2003  b. No.   PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?   Yes   If "Yes," attach an explanation.   No ATION/PREAPPLICATION ARE TRUE AND CORRECT, THE E APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
9/30/03   2/28/05 15. ESTIMATED FUNDING:  a. Federal  b. Applicant  c. State  d. Local  e. Other  f. Program Income  g. TOTAL  18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	\$ 700,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE AUgust 5, 2003  b. No. PROGRAM IS NOT COVERED BY E. O. 12372  OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  Yes If "Yes," attach an explanation.  ATION/PREAPPLICATION ARE TRUE AND CORRECT, THE EAPPLICANT AND THE APPLICANT WILL COMPLY WITH THE
9/30/03   2/28/05  15. ESTIMATED FUNDING:  a. Federal  b. Applicant  c. State  d. Local  e. Other  f. Program Income  g. TOTAL  18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY	\$ 700,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE AUgust 5, 2003  b. No. PROGRAM IS NOT COVERED BY E. O. 12372  OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  Yes If "Yes," attach an explanation.  ATION/PREAPPLICATION ARE TRUE AND CORRECT, THE EAPPLICANT AND THE APPLICANT WILL COMPLY WITH THE
9/30/03   2/28/05 15. ESTIMATED FUNDING:  a. Federal  b. Applicant  c. State  d. Local  e. Other  f. Program Income  g. TOTAL  18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	\$ 700,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE AUgust 5, 2003  b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes If "Yes," attach an explanation.  ATION/PREAPPLICATION ARE TRUE AND CORRECT, THE EAPPLICANT AND THE APPLICANT WILL COMPLY WITH THE
9/30/03   2/28/05  15. ESTIMATED FUNDING:  a. Federal  b. Applicant  c. State  d. Local  e. Other  f. Program Income  g. TOTAL  18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF  a. Type Name of Authorized Representation of A	\$ 700,000 000 \$ 75,000 000 \$ 75,000 000 \$	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE AUGUST 5, 2003  b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes If "Yes," attach an explanation.  ATION/PREAPPLICATION ARE TRUE AND CORRECT, THE EAPPLICANT AND THE APPLICANT WILL COMPLY WITH THE TOTAL COMPLY WITH THE DELINGUEST OF AUGUST 6, 2003  Standard Form 424 (Rev. 7-97)
9/30/03   2/28/05  15. ESTIMATED FUNDING:  a. Federal  b. Applicant  c. State  d. Local  e. Other  f. Program Income  g. TOTAL  18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF  a. Type Name of Authorized Reprediction of the control of t	\$ 700,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE AUGUST 5, 2003  b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes If "Yes," attach an explanation.  ATION/PREAPPLICATION ARE TRUE AND CORRECT, THE EAPPLICANT AND THE APPLICANT WILL COMPLY WITH THE 213-747-1188  14 2003  Date Signed August 6, 2003

				0110	A
APPLICATION FOR	105	2. DATE SUBMITTED			Approval No. 0348-00 
FEDERAL ASSISTAN	NCE	August 5	, 2003	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	/ STATE	State Application Identifier	
Application	Preapplication				
Construction Non-Construction	Construction  Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Phillips Street Ch	urch of God of	Pomona		Ministry of the Pern California Dr	accom Contra
Address (give city, county, State,	and zip code):		Name and telephone	number of person to be contact	ted on matters involvi
1024 E. Phillip			this application (give a	<i>rea code)</i> 909- die Banales Sr	-397-0735
Pomona, CA 9176		es County			
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	NT: (enter appropriate letter in	box)
95 6225	4 2 1		A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of	of Higher Learning
☐ New	☐ Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
		. B	F. Intermunicipal	M. Profit Organization	n-Profit
A. Increase Award B. Decr D. Decrease Duration Other(s	ease Award C. Increase	Duration	G. Special District Faith-Base	N. Other (Specify) N. Other (Specify) Of the N. Other (Specify) Other (Speci	
<b>D. Dodica - D. Dodica</b>	F 27		9. NAME OF FEDERA		orporation
				<b>4</b> = = = =	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NIL	IMPER	DHHS-ACF	/OCS LE OF APPLICANT'S PROJE	
10. CATALOG OF FEDERAL DO	Г				
Communit	y Economic De	$9 \mid 3 \mid - \mid 5 \mid 7 \mid 0 \mid$		g Project grant e Center for Fa	
12. AREAS AFFECTED BY PRO			Entreprene		il ui-baseu
City of Pomona,	•		_	Priority A	Area 5 - PI
	14. CONGRESSIONAL DIS			11101107	
Start Date Ending Date	a. Applicant		b. Project		
9/30/03 9/30/04	3. Applicant	8		38	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY ST	ATE EXECUTIVE
a. Federal	\$	00	ORDER 12372 PR	OCESS?	
a. i euciai	75,000	•	a. YES. THIS PREA	PPLICATION/APPLICATION V	WAS MADE
b. Applicant	\$	.00	1	TO THE STATE EXECUTIVE	ORDER 12372
c. State	\$	.00		FOR REVIEW ON:	
		200	DATE AU	igust 5, 2003	
d. Local	\$	.00	h No IT PROGRA	M IS NOT COVERED BY E. O	12372
e. Other	\$	.00	1	BRAM HAS NOT BEEN SELEC	
		00	FOR REV	IEW	
f. Program Income	\$		17. IS THE APPLICAN	IT DELINQUENT ON ANY FE	DERAL DEBT?
g. TOTAL	\$	.00	1	attach an explanation.	
AS TO THE BEST OF MY 1212	75,000	DATA IN THIS ARRUS			No No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY					
ATTACHED ASSURANCES IF T					

Telephone Number 9.09-397-0735

a. Type Name of Authorized Repre	sentative
Eddie Banales	Sr.
d. Signature of Authorized Represe	entative $\mathcal V$
Zac	IP
Previous Edition Usable	

Authorized for Local Reproduction

STATE CLEARING HOUSE

Date Signed August 5, 2003 Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

CEDP-PP

			•			
APPLICATI	ON FOR		2. DATE SUBMITTED	Applicant Identifier		
FEDERAL A	ASSISTANC	E				
1. TYPE OF SUBMISS	SION		3. DATE RECEIVED BY STATE	State Application Identifier		
Application		Preapplication				
□ Construction ■ Non-Construction	,	Construction     Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFO	RMATION					
Legal Name: Bay	Area Air Qua	ality Management Distric	Organizational Unit:			
	Ellis Street	•	Name and telephone number of the person to be contacted on matters involving this application (give area code) Peter Hess, DAPCO (415) 749-497 and/or Ronald Raimondi, Finance Manager (415)			
6. EMPLOYER IDENT	522746		7. TYPE OF APPLICANT: (enter appropriate in the control of the con	School District led Institution of Higher Learning craity		
	Continuation D Revision prints letter(s) in box(es): Award B. Decrease Duration D. Decrease	Averd)	F. Intermunicipal M. Profit Organ G. Special District N. Other (Speci			
	•	CTATE OF THE	U. S. Environmental Prote	ction Agency		
10. CATALOG OF FE		STATE CLEARING HOL	SF. DESCRIPTIVE TITLE OF APPLICANT'S PRO	TECT:		
Ī	TANCE NUMBER: _6_		Air Pollution 105 Gran	t Support:		
TITLE: A	ir Pollution	Program	Basic Grant \$	1,298,743		
Contra Costa	, Marin, Nap	counties, states, etc.): Alameda, oa, San Francisco, Solano and Sonoma	CAPCOA Pass-thru 287,764  TOTAL GRANT REQUEST \$ 1,586,507			
13. PROPOSED PROJE	ECT:	14. CONGRESSIONAL DISTRICT OF:				
Start Date	End Date	a. Applicant:		b. Project		
10/1/03	9/30/04	0	)2	04-13		
15. Estimated Funding:			16. IS APPLICATION SUBJECT TO REVIE 12372 PROCESS?	W BY STATE EXECUTIVE ORDER		
a. Federal		1,586,507	YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:			
b. Applicant		\$ 19,057,130				
c. State		<b>\$</b> 1,863,870	DATE 8/12/03			
d. Local		<b>s</b> 15,527,000	b. NO.			
e. Other		\$ 492,739	<ul> <li>PROGRAM IS NOT COVERED BY I</li> <li>OR PROGRAM HAS NOT BEEN SEI</li> </ul>			
f. Program Income		s	17. IS THE APPLICANT DELINQUENT ON ANY	FEDERAL DEBT?		
g. TOTAL		\$ 38,527,246 .00	Yes If 'Yes' attach an explanation.	XID No		
BEEN DUL			PLICATION/PREAPPLICATION ARE TRUE AND CO NT AND THE APPLICANT WILL COMPLY WITH TH			
a. Typed Name of Author	orized Representative.	William C. Norton	b. Tide: Executive Officer/ APCO	c. Telephone Number (415) 749-5052		
d. Signature of Authoriz	ed Representative	Monta		e. Date Signed 8/13/03		

APPLICATION FOR					IB Approval No. 0348-
FEDERAL ASSISTAN	CE	2. DATE SUBMITTED	-5-03	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifie	r
	reapplication				-
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:		^	Organizational Unit:		
Allen Community	Delelubment (	lorboration			
Address (give city, county, State, a		20 4 70 16001 1 1218	Name and telephone	number of person to be cor	ntacted on matters invo
1	street San	FRANCISCO	this application (give a	area code)	
THE LATE OF THE P	O CALIFORN		FNOOR	Rival /415	971-4925
		X 94115	LUUU		1001 1100
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate let	. []
1 94-32111	1124		A. State	H. Independent School D	ist N.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institut	
X New	☐ Continuation	Revision	C. Municipal	J. Private University	0
IX New	Continuation	T IVEAISION	D. Township	K. Indian Tribe	
If Revision, enter appropriate letter	r(s) in box(es)		E. Interstate	L. Individual	
	`	- ·	F. Intermunicipal	M. Profit Organization	ON-PROFIT
71. 11/01 0400 7 111414	ease Award C. Increas	e Duration	G. Special District COMMUNITY DE	N. Other (Specify) <u>NU</u> EVELOPMENT CORPO	
D. Decrease Duration Other(st	эвспу).		9. NAME OF FEDER		
	•				
				DHHS - ACF/OCS	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE T	ITLE OF APPLICANT'S P	ROJECT:
		93 - 5 7 0	FTLLMORE RI	ENAISSANCE MIXED	-IISE PROIECT
CSBG TITLE: COMMUNITY				al real estate p istrict as part	
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, St	ates, etc.):	use complex	-	or a mixeu-
SAN FRANCISCO, SAN	FRANCISCO COUN'	TY, CALIFORNIA	· -	PRIORITY AREA 2	(TDP)
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:	Y PELOSI		
1 1	a. Applicant CA	8TH	b Project	CA 8TH	71.41
10/1/03   9/30/08		V	ļ		DV OTATE EVENITIVE
15. ESTIMATED FUNDING:			ORDER 12372 F	N SUBJECT TO REVIEW PROCESS?	BY STATE EXECUTIV
a. Federal OCS	\$ 700,	00	VEO TUIO ODI	TARRESONTION (ARREST	TION MAC MADE
	5	00		EAPPLICATION/APPLICAT LE TO THE STATE EXEC	
b. Applicant	\$	•		S FOR REVIEW ON:	
c. State	\$	.00		0.10.100	
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d. Local	\$	,00	= ======		V
e. Other ESIC equity lo	aħ; 11,237,	304		RAM IS NOT COVERED B OGRAM HAS NOT BEEN EVIEW	
於戶內的首相和於古典是ESIC per		.00	47 IO THE ADDITION	ANT DELINQUENT ON A	NV EEDEDAL DERTO
loan; TWU perm loan	\$ 11 027			," attach an explanation.	NI FEDERAL DEBIT
	11,937,				
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE G	OVERNING BODY OF T	HE APPLICANT AND	THE APPLICANT WILL C	OMPLY WITH THE
a. Type Name of Authorized Rep	resentative SALD RE	N ENDOUTIVE	2 Director	c Telephone Number	-4435
d. Signature of Authorized Repre		- DU AUG		e. Date Signed	
Previous Edition Usable	<del>2//</del>	***			orm 424 (Rev. 7-97)
Authorized for Local Reproduction	Sin Sin	STATE CI	EADING HOU	į.	OV OMB Circular A-102
Constant of Education of the Constant of the C		2	EARING HOUS	)L	(1DP)
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APPLICATION FOR			· · · · · · · · · · · · · · · · · · ·	
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED AUGUST 11,	2003	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication			
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
X Non-Construction	Non-Construction			
5. APPLICANT INFORMATION	,		T.	
Legal Name:	SODAMO THO		Organizational Unit:	
	GRAMS, INC.		<u> </u>	
Address (give city, county, State,			,	number of person to be contacted on matters involving
2500 BISSELL AV		,	this application (give a	<i>,</i>
RICHMOND, CALII			RICK AUBRY	(510) 231–3927
6. EMPLOYER IDENTIFICATION			7 TYPE OF APPLICA	ANT: (enter appropriate letter in box)
		V	7. 7.7 2 07 7.8 7 2.107	N.
9 4 — 2 3 0 1	5 5 0		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
X New	Continuation	Revision	C. Municipal	J. Private University
X New	Continuation	L Kevision	D. Township	K. Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual
	L.,		F. Intermunicipal	M. Profit Organization N. Other (Specify)
A. Increase Award B. Dec	rease Award C. Increase	Duration	G. Special District	
D. Decrease Duration Other(s	specify):	÷		EVELOPMENT CORPORATION
	•		9. NAME OF FEDERA	AL AGENCY:
			DHHS	- ACF/OCS
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
	· [	93 - 570	DIETCON	LANDSCAPE INSTALLATIONS
			KUBICON	LANDSCAPE INSTALLATIONS
CSBG TITLE:COMMUNITY				
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta	ites, etc.):	PI	RIORITY AREA 1 (OP)
				•
			<u> </u>	
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF: GEO	RGE MILLER	·
Start Date Ending Date	a. Applicant		b. Project	
10/1/03 9/30/06	CA 7	TH		CA 7TH
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STATE EXECUTIVE
		00	ORDER 12372 PF	ROCESS?
a. Federal OCS	\$ 350,000		VEO TINO DES	A DDI LOATIONIA DDI LOATIONI MA CANA DE
		00	4	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$		1	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
	<u></u>	00	PROCESS	FOR REVIEW ON.
c. State	\$	•	DATE	8/8/03
d Local	\$	00	-	0/0/03
d. Local	Ψ	•	b. No. T PROGRA	AM IS NOT COVERED BY E. O. 12372
e. Other	\$	.00		GRAM HAS NOT BEEN SELECTED BY STATE
bank LOC	350,000	•	FOR REV	
f. Program Income	\$	. 00	1	· ·
i. i rogram moonie			17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	.00	1	attach an explanation.
	700,000			·
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALI	L DATA IN THIS APPLIC	ATION/PREAPPLICAT	TION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF TH	E APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWA		R R W FE F	
a. Type Name of Authorized Repr		b. Title n 5 5		c.Telephone Number
	resentative			
RICK AUBRY			E DIRECTOR	(510) 231–3927
RICK AUBRY				e. Date Signed AUGUST 4, 2003
RICK AUBRY d. Signature of Authorized Repres			1 4 2003	e Date Signed AUGUST 4, 2003
RICK AUBRY d. Signature of Authorized Representation Usable	sentative			Standard Form 424 (Rev. 7-97)
RICK AUBRY d. Signature of Authorized Repres	sentative			e Date Signed AUGUST 4, 2003
RICK AUBRY d. Signature of Authorized Representation Usable	sentative	AUG		Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR					18/110.0348-0043
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED		Applicant Identifier	
		August 14, 2003		11 11 11 11 11	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifler	
Non-Construction	Non-Construction	4. DATE RECEIVED BY	I EDENAG AGENG		
5. APPLICANT INFORMATION					
Legal Name:	The state of the s		Organizational Unit:		
Imperial Valley Regional Occ		GELVE			- mottor lovolving
Address (give clty, county, State,	and zip code):		Name and telephone name this application (give ar	number of person to be contacted or	unaners involving
687 State Street, El Centro,	California 92243		1 11111		
Imperial County		AUG 1 4 2003	Mary N. Camacho,	(760) 482-2666 or 482-2644	
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)	
9 1 2 1 3 3	3 1 0	- No. 2.2. 1 th 3 I	A State	(1 to the analysis Cabasi Dias	<u>H</u> ]
	- CTATI	F OF EARING H	B. County	H. Independent School Dist.  J. State Controlled Institution of Hig	her Learning
8. TYPE OF APPLICATION:	Ulini	SERF CONTRACTOR OF THE PROPERTY OF THE PROPERT	C. Municipal	J. Private University	nor Essering
. ∑ New	Continuation	Revision	D. Township	K, Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
	<u> </u>		F. Intermunicipal	M. Profit Organization	
	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(s	pecify):		9, NAME OF FEDERA	J AGENCY:	
			1	tional and Community Service	
			Corporation for Mar	noner and commonly convice	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:	
TO CATALOG OF TEDEFOLE DO	. г				
	1-	9 4 - 0 1 3	AmeriCorps VISTA	Program	
	VISTA Program Grants				
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	les, elc.):			
City of Calipatria and Commu	unity of Niland, Imperial (	County, Celifornia			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	SYRICTS OF:	L		
<u> </u>					
Start Date Ending Date	a. Applicant		b, Project		
10/01/03 09/30/06	52nd		52nd		CURALIVATE .
15. ESTIMATED FUNDING;				SUBJECT TO REVIEW BY STATE	EXECUTIVE
- C-d-ol	\$	90	ORDER 12372 PR	OCESS?	
a. Federal	J.	493,761 ·	a. YES. THIS PREA	PPLICATION/APPLICATION WAS I	MADE
b. Applicant	\$	47.000	AVAILABLE	TO THE STATE EXECUTIVE ORD	ER 12372
		17,886	PROCESS I	FOR REVIEW ON:	
c. State	\$	7,592	n 05	1/4.4/02	1
al I and	\$	ijo.	DATE08	3/14/03	
d. Local	<b>D</b>	•	b No FI PROGRA	M IS NOT COVERED BY E. O. 123	72
e. Other	\$	00		RAM HAS NOT BEEN SELECTED	1
	*		FOR REVI	IEW	
f. Program Income	\$				
		90	17. IS THE APPLICAN	IT DELINQUENT ON ANY FEDERA	L DEBT?
g. TOTAL	\$	522,239 · w	Yes If "Yes," a	ttach an explanation.	☑ No
18 TO THE BEST OF MY KNOW	LEDGE AND RELIEF ALL	DATA IN THIS APPLICA	ATION/PREAPPLICATI	ION ARE TRUE AND CORRECT, T	HE
				E APPLICANT WILL COMPLY WIT	
ATTACHED ASSURANCES IF T					
в. Type Name of Authorized Repri	esentative	b. Title		c. Telephone Number	
Mary N. Camacho	cototlus	Superintendent		760-482-2666 or 482-2644	
d. Signature of Authorized Repres	^ // -,			e. Date Signed August 14, 2003	
	<del>    \\ \\ \\ \\ \\ \\ \\ \\ \\ \</del>				

Authorized for Local Reproduction

APPLICATION FO	R				OMB Approval No. 0346-0043
FEDERAL ASSIS	TAN	CE	2. DATE SUBMITTED		Applicant Identifier
			June 16,	2003	54-71860 Cutler-Orosi
1. TYPE OF SUBMISSION:			3. DATE RECEIVED BY	STATE	State Application Identifier
Application	F	Preapplication		(FEDERAL AGENOY	[ ]
Construction	1	Construction	4. DATE RECEIVED BY		rederal identifier
Non-Construction	ION	Non-Construction	1 10(0)		
<ol> <li>APPLICANT INFORMAT Legal Name:</li> </ol>	ION		7	Organizational Unit:	
. •		oint Unified	School Ata		district
Address (give city, county, 5	State, a	nd zip code):	THE THE	Name and telephone r	number of person to be contacted on matters involving
41855 F		Too E	GEIVE	tttis application (give ar	rea code)
Orosi,		1111 =	And the second s	dand un Ke	ehrli 559-528-6949
			\$1111)C A .		ANT: (enter appropriate letter in box)
6. EMPLOYER IDENTIFICA			AUG 1 4 2003	7. ITE G. AFFEIGA	
77 — 0 5 6	5	3 2 6		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION	]:		- mining	B County \	State Controlled Institution of Higher Learning
	New	Continuation	Revision	C. Municipal	J. Private University
, Fig. 2	7	7 1010	Let by	D. Township	K. Indian Tribe
If Revision, enter appropriat	e letter	(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization
A 1 Award B	Dooro	ase Award C. Increase	a Duration	G. Special District	N. Other (Specify)
A. Increase Award B D. Decrease Duration O			Suration	G. Opoolar Biotrio	The Chief (apassing)
D, Decrease Buraton	3,2,(26			9. NAME OF FEDERA	AL AGENCY:
				USDA Re	development- Rural
10. CATALOG OF FEDERA	AL DOI	MESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:
TO, OMINEOU OF TEDE		[			
		*	10 7 6 6	Computer	building for Family
TITLE: Comm	uni	ty Facilitie	S	Education	on Center
12. AREAS AFFECTED BY	PROJ	IECT (Cities, Counties, Sta	ates, etc.):		
Oroci Cuti	lar	Yettem - Ti	ilara County		
13. PROPOSED PROJECT		14. CONGRESSIONAL DI			
10,1,10,000					
Start Date Ending Da	te a	a. Applicant		b. Project	
9/03 12/03		21st		21st	THE THE PLANTAGE EVENITIVE
15. ÉSTIMATED FUNDING	:			1	SUBJECT TO REVIEW BY STATE EXECUTIVE
			. 00	ORDER 12372 PR	ROCESS?
a. Federal		\$	•	a YES THIS PREA	APPLICATION/APPLICATION WAS MADE
b. Applicant		25,	135		E TO THE STATE EXECUTIVE ORDER 12372
ь. г-фравале		20,5		1 .	FOR REVIEW ON:
c. State		\$	.00	DATE JU	ine 16, 2003
d. Local	$\dashv$	\$	,00		
					AM IS NOT COVERED BY E. O. 12372
e, Other		\$	. ao		GRAM HAS NOT BEEN SELECTED BY STATE
			00	FOR REV	VIEVV
f. Program Income		\$		17. IS THE APPLICAL	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL		\$	.00	Yes If "Yes."	attach an explanation.
		45,	700	1 —	
18. TO THE BEST OF MY	KNOW	LEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	CATION/PREAPPLICAT	TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
DOCUMENT HAS BEEN I ATTACHED ASSURANCE				E AFFLICANT AND IT	THE ACT PROPERTY ASSESSMENT AND ASSESSMENT OF THE PROPERTY OF
a. Type Name of Authorize			b. Title		c. Telephone Number
Frank N. Mi		4	Superinten	dent	559-528-4763
d. Signature of Authorized	Repres	entative	1 - 1		e. Date Signed
•			motry		June 16, 2003
Previous Edition Usable			///		Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102
Authorized for Local Repro-	duction	7	<i>'</i> \/		Freschibed by Olvid Circulal A-102

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TYPE OF SUBMISSION: Application Construction Non-Construction APPLICANT INFORMATION egal Name: Earlimart E1	Preapplication Construction Non-Construction	2. DATE SUBMITTED  June 1.6 3. DATE RECEIVED  4. DATE RECEIVED		Applicant Identifier State Application Identifier
TYPE OF SUBMISSION:  Application  Construction  Non-Construction  APPLICANT INFORMATION  egal Name:	Preapplication Construction Non-Construction	Juna 16		
TYPE OF SUBMISSION:  Application Construction Non-Construction APPLICANT INFORMATION egal Name:	Preapplication Construction Non-Construction		2003 BY STATE	State Application Identifier
Application  Construction  Non-Construction  APPLICANT INFORMATION  again Name:  Earlimant El	Construction Non-Construction		BY STATE	Orace Application incitation
Application Construction Non-Construction APPLICANT INFORMATION egal Name:	Construction Non-Construction	4. DATE RECEIVED		<u> </u>
Construction  Non-Construction  APPLICANT INFORMATION  again Name:  Earlimart El	Construction Non-Construction	4. DATE RECEIVED		Fodorol Idontifier
Non-Construction APPLICANT INFORMATION egal Name:		/ / / / / / / / / / / / / / / / / / /	BY FEDERAL AGENCY	Federal Identifier
APPLICANT INFORMATION gal Name:		6/16	103/19-	Land to the second second
gal Name:				
Farlimart El			Organizational Unit:	
Liquidate Contraction	ementary Sch	1001 Distric	<u>t-</u>	number of person to be contacted on matters involving
idress (give city, county, State	and zip coue).			roc godin
705 Cant	er Street 6	E U V E	his application (give a	
705 Cent	t, cal 93219		Roger Truj	i110 661-849-4241
			TYPE OF APPLICA	ANT: (enter appropriate letter in box)
EMPLOYER IDENTIFICATION	N NUMBER (EIN):	G 1 4 2003	A TIPE OF ACT ELOS	ш
9 4 - 2 1 9 1	1 9 0 5 1 AU		A. State	H. Independent School Dist.
		The state of the s	B. County	I. State Controlled Institution of Higher Learning
TYPE OF APPLICATION:	the second secon	Revision	S c. Municipal	J. Private University
⊡ Ne	w 🔲 Continuation	Revision/	D. Township	K. Indian Tribe
	Julinie	And the state of t	E. Interstate	L. Individual
Revision, enter appropriate le	tter(s) in pox(es)		F. Intermunicipal	M. Profit Organization
# ± ± =	Amord C loars	ease Duration	G. Special District	N. Other (Specify)
71. 11101 2 2 2 2 1 1 1 2 2	20,0000 7 111 211 21	Jaco Daration	14	
D. Decrease Duration Othe	r(specify):		9. NAME OF FEDER	AL AGENCY:
			HSDA Rura	l Development
			11 DESCRIPTIVE T	ITLE OF APPLICANT'S PROJECT:
0. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	E NUMBER:	<del></del>	
		10-76	6 Restroom	n modernization of
			elementa	ary school
TITLE: Commun	ity Faciliti	States etc.):		
12. AREAS AFFECTED BY P	ROJECT (Cities, Counties,	, Siales, etc.).		
Earlimart Sch	ool District	- Tulare Cou	unty	
	14. CONGRESSIONAL			
13. PROPOSED PROJECT	14. CONGRESSIONAL	D	evin Nunes, D	ISTRICT #21
Start Date Ending Date	a. Applicant		b. Project Mode	ernization Project of Restroom
ì	Farlimart Ele	mentary Sch.	District of F	arlimant Elementary School
			16. IS APPLICATIO	N SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:	. !		ORDER 12372 F	PROCESS?
	S	00		
a. Federal		3,500	a. YES. THIS PRE	EAPPLICATION/APPLICATION WAS MADE
A E at	g g	.00	AVAILAB	LE TO THE STATE EXECUTIVE ORDER 12372
b. Applicant	188	,500	PROCES	S FOR REVIEW ON:
- Cialo	\$	. 00		- 15 2002
c. State		37000	DATE _	June 16, 2003
d Local	\$	.00	_	TANKS NOT COVERED BY E. O. 12372
d. Local			b. No. PROG	RAM IS NOT COVERED BY E. O. 12372
e. Other	\$	.00		OGRAM HAS NOT BEEN SELECTED BY STATE
e. Ottet			FOR R	EVIEW
the same of the sa	\$	.00		NE DEL MOUENT ON ANY EEDERAL DERT?
f Decaram Income	\ \\ \\ \\ \\ \\ \  \\ \\			ANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income		00	Yes If "Yes	," attach an explanation.
	\$	ስ ለለለ		
g. TOTAL	1 / / / / /	0,000		
g. TOTAL	450	THE ATTENDATION	PLICATION/PREAPPLIC	ATION ARE TRUE AND CORRECT, THE
g. TOTAL  18. TO THE BEST OF MY KI	450 NOWLEDGE AND BELIEF JLY AUTHORIZED BY TH	F, ALL DATA IN THIS AF IE GOVERNING BODY C	PPLICATION/PREAPPLIC OF THE APPLICANT AND	ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
g. TOTAL  18. TO THE BEST OF MY KI	450 NOWLEDGE AND BELIEF JLY AUTHORIZED BY TH	F, ALL DATA IN THIS AF IE GOVERNING BODY C	PPLICATION/PREAPPLIC OF THE APPLICANT AND	
g. TOTAL  18. TO THE BEST OF MY KI  DOCUMENT HAS BEEN DU  ATTACHED ASSURANCES	450 NOWLEDGE AND BELIEF JLY AUTHORIZED BY THE S IF THE ASSISTANCE IS	F, ALL DATA IN THIS AF RE GOVERNING BODY C AWARDED. b. Tille	I THE AT LEGITATION	c. Telephone Number
g. TOTAL  18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DL ATTACHED ASSURANCES a. Type Name of Authorized	450 NOWLEDGE AND BELIEF JLY AUTHORIZED BY TH S IF THE ASSISTANCE IS Representative	F, ALL DATA IN THIS AF RE GOVERNING BODY C AWARDED. b. Tille	PPLICATION/PREAPPLIC OF THE APPLICANT AND Intendent	c. Telephone Number 661 – 849 – 4241
g. TOTAL  18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DL ATTACHED ASSURANCES a. Type Name of Authorized	450 NOWLEDGE AND BELIEF JLY AUTHORIZED BY TH S IF THE ASSISTANCE IS Representative 1110	F, ALL DATA IN THIS AF RE GOVERNING BODY C AWARDED. b. Tille	I THE AT LEGITATION	c. Telephone Number 661-849-4241 e. Date Signed
18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DU ATTACHED ASSURANCES a. Type Name of Authorized I Roger Truj d. Signatura of Authorized R	450 NOWLEDGE AND BELIEF JLY AUTHORIZED BY TH S IF THE ASSISTANCE IS Representative 1110	F, ALL DATA IN THIS AF RE GOVERNING BODY C AWARDED. b. Tille	I THE AT LEGITATION	c. Telephone Number 661-849-4241 e. Date Signed June 16, 2003
g. TOTAL  18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DL ATTACHED ASSURANCES a. Type Name of Authorized ROGER Trui	NOWLEDGE AND BELIEF JLY AUTHORIZED BY THE S IF THE ASSISTANCE IS Representative 1110 ppresentative	F, ALL DATA IN THIS AF RE GOVERNING BODY C AWARDED. b. Tille	I THE AT LEGITATION	c. Telephone Number 661-849-4241 e. Date Signed

PPI -840-4555 N.69

gran <sup>*</sup>		(	•			OM	B Approval No. 0348-0043
PPLICATION EDERAL AS	I FOR	CE	z. DATE SUBM June		003	Applicant Identifier	
TYPE OF SUBMISSION	: :	lication	3. DATE RECE		TE	State Application Identifier	
Application Construction	Co	nstruction n-Construction	4. DATE RECE	IVED BY FED	ERAL AGENCY	Federal Identifier	
☐ Non-Construction  APPLICANT INFORMAT			1 71				
gal Name:			•	1	Organizational Ur Administ	-ration/	
Proteus, I	nc.	zip gode):	他 厚 IT	W/ 19.	lama and talenh	one number of the person to be con	tacted on matters involving
Idress (give city, cour 1830 N. Di Visalia CA	nuba B	1vd	W E D	2003	his application (	give area code) Goodwin, Planner 33-5423 ext. 260	·
					7 TYPE OF APPL	ICANT: (enter appropriate letter in b	pox) N
EMPLOYER IDENTIFIC		2 1 8 14	(  3   3	0	C. Municipa	H. Independent School  I. State Controlled In  J. Private University	stitution of Higher Learning
TYPE OF APPLICATIO	N:	in the second			D. Township E. Interstate	L. Individual	•
	☐ New	Continuat	ion 🗔 Re	evision	F. Intermun	icipal M. Profit Organizatio	Non-Profit
Revision, enter appro	opriate letter(s	i) in box(es):		. 1	G. Special D	District N. Other (Specify):	
A. Increase Award	B. Decre	ase Award	). Increase Du	ration	9. NAME OF FE	DERAL AGENCY:	
D. Decrease Durat	ion Other (s	pecify):			TICDA -	Rural Development	5
1	A/N						
	DAL DOMESTI	0 1 0	17	6 6	11. DESCRIPTIV	E TITLE OF APPLICANT'S PROJECT:	Tandon CA
10. CATALOG OF FEDE ASSISTANCE NUM	BER:				The Con	munity Center in	repairs,
TIT1 F:	Jane 17:	acilities	Grant		will re	eceive: building onal resources a	nd
	i		<del></del>		furnit		
12. AREAS AFFECTED	BY PROJECT (	cities, counties, sta	tes, etc.):		Luliile	ZI C.	
London,	Califo	rnia - Tu	lare Co	ounty			.: 
13. PROPOSED PROJ	FCT:	14. CONGRE	SSIONAL DIST	RICTS OF:			
Start Date	Ending Da	ite a. Applicant				community Fa	cility
7/1/03	N/A	21st				:	
			16.1	S APPLICATI	ON SUBJECT TO	REVIEW BY STATE EXECUTIVE ORDER	12372 PROCESS?
15. ESTIMATED FUND		16 542				CATION/APPLICATION WAS MADE A VE ORDER 12372 PROCESS FOR F	
a Federal	\$	16,542			STATE EXECUTE	AE OURSELL ITT.	
b. Applicant	\$		.00	(	DATE		
у принам							*
c. State	\$		.00.	b NO.	PROGRAM	IS NOT COVERED BY E.O. 12372	
d Local	\$		.00		OR PROG	RAM HAS NOT BEEN SELECTED BY	STATE FOR REVIEW
	\$		.00				
e Other 25% matc		5,514	· .			IENT ON ANY EFDERAL DEBT?	
1. Program Income			.00 17	. IS THE APP		JENT ON ANY FEDERAL DEBT?	∏ No
				Yes	If "Yes," attac	ch an explanation.	140
g TOTAL	\$	22,056	.00				MACHEN DIII V
18. TO THE BEST O	F MY KNOWLE	DGE AND BELIEF, AL	L DATA IN THIS	APPLICATION	N/PREAPPLICATI T WILL COMPLY V	ON ARE TRUE AND CORRECT, THE DOC VITH THE ATTACHED ASSURANCES IF T	r Telephone number
a. Typed Name of					b Title	Executive Officer	(559) 733-542
a Typed Name of Michael	L E. Mc	Cann			Cniei	EACCHOIVE OTTE	Le Date Signed
d Signature of A	Authorized Fler					•	6-16-03
	(10/1ac	10/1/					Standard Form 424 (REV 4) Prescribed by OMB Circular A.
Previous Editions	Not Usable		)				1.000-0

Form Approved Through 05/2004

OMB No. 0925-0001

Dapart	ment of Health and Hum		LEAVE BLANK—FOR PHS USE ONLY.			
	Public Health Service		Type Activity Number			
G	arant Applicat	tion	Review Group Formerly			iy .
	-character length restrict		Council/Board (Month	n, Year)	Date R	ecelved
1. TITLE OF PROJECT					-	
		on Infants Born to Im				
2. RESPONSE TO SPE	CIFIC REQUEST FOR	APPLICATIONS OR PROGRAM	A ANNOUNCEMENT C	R SOLICITAT	TION   N	IO 🔀 YES
(If "Yes," stale number ar						
Number: HRSA 0	3-060 Title: HRS	A Maternal and Child Hea	alth Research Prog	ram		
3. PRINCIPAL INVESTI	GATOR/PROGRAM DIR	ECTOR E UVE	New Investigator	□ No 🔯	Yes	
3a. NAME (Last, first, m.	iddie)		3b DEGREE(S)			
Bitler, Marianne F	P.	1110-4	PhD			
3c. POSITION TITLE	Land had	AUG 14 2003	ADDA BUILIAM PE	ESS (Street,	city, state, .	zip code)
Economist, Asso	ciate		RAND			
39. DEPARTMENT, SER	IVICE, LABORATORY, C	PEQUIVALENT	1700 Main 9	St., PO Bo	x 2138	
Labor & Population	on DIA	L CLEANING HOW	SE Santa Monic	ca CA 904	07-2138	
3f. MAJOR SUBDIVISIO	N	The state of the s	SP tome		مسمسيدي	00.710
				RAND Prop	posal # 20	03-710
3g. TELEPHONE AND F	AX (Area code, number	and extension)	E-MAIL ADDRESS:			
TEL: 310 393 0411	ext 6012 FAX: 3	10 451 7084	Marlanne_Bitler@r	rang.org		
4. HUMAN SUBJECTS RESEARCH	4a. Rassarch Exempt  fi "Yes," Exemption No.	□ No 🗷 Yas	5. VERTEBRATE A	NIMALS 🗵	3 No 🗆	Yes
□ No	4b. Human Subjects	- <del>                                    </del>	5a. If "Yes," IACUC ap	oproval Date	5b. Animal	welfare assurance no
₩ Yes	Assurance No.	4c. NIH-defined Phase III Clinical Trial	a. i. ida, inoco a,	.p. 272. 3410	> 2 11(1143)	
<b>LAS</b> 100	FWA 0000 3425	⊠ No ☐ Yes				
A DATES OF SPACES	IRB 0000 0051	7. COSTS REQUESTED FO	P INITIAL	A COSTS S	REQUESTS	D FOR PROPOSED
6. DATES OF PROPOS SUPPORT (month, o	day, year—MM/DD/YY)	BUDGET PERIOD	8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT			
From	Through	7a. Direct Costs (\$)	7b. Total Costs (\$) 8a. Direct Costs (\$) 8b. Total Costs (\$)			6b. Total Costs (\$)
02/01/2004	01/31/2006	58,939	101,356   118,157   211,241			211,241
8. APPLICANT ORGAN	IZATION		10. TYPE OF ORGA	ANIZATION		
Name	·		Public: →	Federal	☐ State	Local
Address D	ND		Private: → 🔯 Private Nonprofit			
KA			For-profit: → General Small Business			
1700 Main Sun	n (n) has 2136 CA 90407-2138		☐ Woman-owned ☐ Socially and Economically Disadvantaged			
COLUMN ANDREAS AND			11. ENTITY IDENTIFICATION NUMBER 95 1958142			
			DUNS NO. (If available) 00 691 4071			
1_41_411 PI. PI. PI. PI.	humber //6 frances GO OA	har Dacaerah	Congressional District 29th			
Institutional Profile File N			13. OFFICIAL SIGN		DI ICANIT O	DGANIZATION
1		ED IT MANAUD IO MADE	1		- LICANI U	MONTERNION
Name Sheila Logi	ue nd Grant Administrat	or	Name Donna J. Lee Title Contract and Grant Administrator			trator
	na Grant Administrat St., PO Box 2138	.UI		Main St., PC		
	ica CA 90407-2138		1	Monica CA		
Sania Mon	104 UM 80407-2130		Janua	11,011100 07	. 40701 ·E	•••
Tel 310 393 0411 ext 6702 FAX 310 451 6973			Тө! 310 393 0411		FAX	310 451 6973
E-Mail nihnga@ra			E-Mall diee@ra			
		R ASSURANCE: I certify that the	SIGNATURE OF PI			DATE
aware that any false, fictition	ous, or fraudulent statemen	he best of my knowledge. I am to the or claims may subject me to	(In ink. "Per" signatu		1010.) - A	allile.
criminal, civil, or administrati	Ne penalties. I agree to acc provide the required amore:	ept responsibility for the scientific se reports if a grant is awarded as	Mariam	w P.	KSR	_  8/1/63
a result of this application.						
16. APPLICANT ORGANIZA statements herein are true, or	TION CERTIFICATION AND	ACCEPTANCE: I certify that the	SIGNATURE OF OF			DATE
accept the obligation to comp	bly with Public Health Services	terms and conditions if a grant	(In Ink. Per signatu	re not accepta l	1018.)	Aug 14,
is awarded as a result of this statements or claims may sut	application. I am aware that blact me to criminal, civil, or a	any falas, flotitions, or fraudulent idministrative penalties.	) Du	Jale	حد	2003
Caroniana or olamia may ou	-1- 2000 10 0000000000000000000000000000					1 2003

2.0

FAX NO.

OMB Approval No. 0348-0043

APPLICATION FOR				OMB Approval No. 0348-0043
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED August 6	5, 2003	Applicant Identifier N/A
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier SAI-EXEMPT
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			06-01511
5. APPLICANT INFORMATION			Organizational Unit:	5
Legal Name: California - Department o			California Depart	tment of Parks and Recreation
Address (give city, county, State, Post Office Box 942896 Sacramento 3150 Sacramento	IINI_E O		Name and telephone this application (glve a Betty Ettinger	number of person to be contacted on matters involving rea code)
	cramento		(916) 651-8174	
6. EMPLOYER IDENTIFICATION		G 1 4 2003	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
		The House	A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:	STATE C	LEARING HUU	B. County C. Municipal	State Controlled Institution of Higher Learning     Private University
✓ New	Continuation	Revision	D. Township	K, Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual
			F. Intermunicipal	M. Profit Organization
	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	AL AGENCY:
			Department of the	
				rvice - Western Region 1443
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
I DATABOO OF FEBRUARE	)		William Land Par	
	L		City of Sacramer	
	ation - Acquisition, Deve			arks and Recreation
12. AREAS AFFECTED BY PRO	DJECT (Cities, Countles, Sta	ites, etc.):	1231 "I" Street, S	
06-64000			Sacramento, CA	95814
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	05
11/1/03 6/30/08	03	)	48 IS ADDI ICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 PF	
a. Federal	\$	107,630	EYES. THIS PREA	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$	107,630		E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
c. State	\$	,00	DATE	8-6-2003
d. Local	\$	, ub		AM IS NOT COVERED BY E. O. 12372
e. Other	\$	.(0)	FOR REV	GRAM HAS NOT BEEN SELECTED BY STATE /IEW
f. Program Income	\$	.0a	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	215,260	1 _	attach an explanation.
				TION ARE TRUE AND CORRECT, THE
ATTACHED ASSURANCES IF			E APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep Ruth Coleman		b. Title Acting Director, Pa	rks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Repre-	sentative \	. 7		e Date Sinned
Province Edition Inable	MN			8 6/2003 Standard Form 424 (Rev. 7:97)

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APPLICATION FOR				OMB Approval No. 0	348-0043
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED August 6	i, 2003	Applicant Identifier N/A	
1. TYPE OF SUBMISSION:	**************************************	3. DATE RECEIVED BY	STATE	State Application Identifier SAI-EXEMPT	
Construction	Preappilcation Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 06-01512	
Non-Construction	Non-Construction			00-01312	
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:		
California - Department of	Parks and Recreation	ng N B In	California Depart	ment of Parks and Recreation	
California 06 94	cramento 067 296-0001	1 4 2003	this application (give a Betty Ettinger (916) 651-8174		s Involving
6. EMPLOYER IDENTIFICATION				NT: (enter appropriate letter in box)	,
		FARING HOUS	-A. State	H. Independent School Dist.	-nina
8. TYPE OF APPLICATION:	SIAILO	Laker MINITED AND THE PARTY OF	B. County	State Controlled Institution of Higher Lear     Private University	rning
☑ New	Continuation	Revision	C. Municipal D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
Transfort, Office appropriate series	(3) (1) 55.(53)		F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Decr	ease Award C. Increase	e Duration	G. Special District	N. Other (Specify)	-
D. Decrease Duration Other(s	pecify):				
			9. NAME OF FEDERA Department of the		
				rvice - Western Region 1443	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:	
		1 5 9 1 6	Crabtree Park Do		
TITLE: Outdoor Recre	ation - Acquisition, Deve	elopment & Planning	1	creation & Park District	
12. AREAS AFFECTED BY PRO			1415 Rushden D		
06-64000		,	Sacrameпto, СС	CA 95864	
13. PROPOSED PROJECT	14, CONGRESSIONAL DI	STRICTS OF:			
Start Date	a. Applicant 03	3	b. Project	03	
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STATE EXECU	JTIVE
			ORDER 12372 PF	ROCESS?	
a. Federal	\$	101,388		APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 123	372
b. Applicant	\$	101,388		FOR REVIEW ON:	312
c. State	\$	.00	DATE	08/06/03	
d. Local	\$	.00		AM IS NOT COVERED BY E. O. 12372	
e. Other	\$		FOR REV	Gram has not been selected by ST/ /IEW	ATE
f. Program Income	\$	-00	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEB	T?
g. TOTAL	\$	202,776	Yes If "Yes."	attach an explanation.	10
	AUTHORIZED BY THE GO	OVERNING BODY OF TH		FION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Repr	resentative	b. Title		c. Telephone Number	
Ruth Coleman		Acting Director, Pa	rks and Recreation		
d. Signature of Authorized Repres	sentative			a. Date Signed 816 2003	ı
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OMB Approval No. 0348-0043

APPLICATION FOR					
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED August 6, 2003		Applicant Identifier N/A	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier SAI-EXEMPT	
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 06-01502	
5. APPLICANT INFORMATION					
Legal Name: California - Department o			Organizational Unit: California Depart	tment of Parks and Recreation	
Post Office Box 942896 Sacramento 3150 Sacramento 067 Colifornia 06 94296 0000		Name and telephone number of person to be contacted on matters involving this application (give area code)  Betty Ettinger  (916) 651-8174			
6. EMPLOYER IDENTIFICATION		1 4 2003	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION:		ENDING FINUSE	A. State B. County	H. Independent School Dist.  I. State Controlled Institution of Higher Learning	
Nev	Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe	
If Revision, enter appropriate letter(s) in box(es)			E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A, Increase Award B. Dec D. Decrease Duration Other		e Duration	G, Special District	N. Other (Specify)	
5. 500 out / partition			9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443		
12. AREAS AFFECTED BY PR	eation - Acquisition, Dev	1 5 - 9 1 6 elopment & Planning	Bohemian Park I	o Recreation & Park District ay	
06-64000 13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:			
Start Date	a. Applicant	3	b. Project	05	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 P	I SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS?	
a. Federal	\$	33,150	YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12 PROCESS FOR REVIEW ON:		
b. Applicant	\$	33,150			
c. State	\$	,00	DATE	08/06/03	
d. Local	\$			AM IS NOT COVERED BY E. O. 12372	
e. Other	\$		FOR RE	GRAM HAS NOT BEEN SELECTED BY STATE VIEW	
f. Program Income	\$	.00	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	66,300 <sup>°°</sup>		attach an explanation. No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	Y AUTHORIZED BY THE G	OVERNING BODY OF TH	CATION/PREAPPLICA JE APPLICANT AND T	TION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Re Ruth Coleman		b. Title Acting Director, Pa	arks and Recreatio	c, Telephone Number r (916) 653-7423	
d, Signature of Authorized Repr	esentative			e. Dare Signed 8 6 2003	

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Fax 9/6-323-30/8

APPLICATION FOR	•			OMB Appro	val No. 0348-004
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION:			7, 2003		
Application	Preapplication	3. DATE RECEIVED BY STATE		State Application Identifier	
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction			Cociai identifiei	
5. APPLICANT INFORMATION Legal Name:	1	· · · · · · · · · · · · · · · · · · ·			
Southern California	Coastal Water Res	earch Project	Organizational Unit:		
Address (give city, county, State	* *		Name and telephone	number of person to be contacted or	matters involving
7171 Fenwick, West	minster, CA 92683	GEIVE	this application (give a	.Env. (714) 372-9233	•
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN)	1100 1 7 4000	7. THE OF APPLICA	ANT: (enter appropriate latter in box)	
9 5 - 2 6 4 6	5053	AUG 1 4 2003	A. State		G
8. TYPE OF APPLICATION:	· HA	PALCADINA	B. County	H. Independent School Dist. I, State Controlled Institution of Hig	her Learning
☑ Ne	w Continuation	Revision	C. Municipal	J. Private University	
If Revision, enter appropriate let	lar(s) in hor(on) STATE	i CHEARING H	Dijownship	K, Indian Tribe	
TO CONSTON, WINES APPROPRIATE IS	Ter(s) III DOX(es) O I MILL	And I have been a large of the	E Interstate F Intermunicipal	L. Individual	
A. Increase Award B. De	crease Aviard C. Increase	⊇ Duration	G. Special District	M. Profit Organization N. Other (Specify)	
D. Decrease Duration Other	(specify):		9. NAME OF FEOERA		
				.S. EPA, San Francisco	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	JMBER:		LE OF APPLICANT'S PROJECT:	
4		6 6 - 4 6 3		4 · *	
TITLE: Water Quality Cooperative Agreements			Quantification of Natural Contributions During Wet and Dry Weather for Derivation of Load Allocations and Numeric Targets		
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, Sta	tes, etc.):	Numeric raigets		
Southern California					
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
10/1/03 9/30/05	46	i ·		Southern California	
15. ESTIMATED FUNDING:			ORDER 12372 PR	SUBJECT TO REVIEW BY STATE I OCESS?	EXECUTIVE
o Federal	\$	110,000	a YES THIS PREA	PPLICATION/APPLICATION WAS A	AADE
o. Applicant	3	90,022	AVAILABLE	TO THE STATE EXECUTIVE ORDI	
c: State	\$	.00		FOR REVIEW ON: 08/06/03	
i. Local	\$	.00	DATE		
***************************************				M IS NOT COVERED BY E. O. 1237	· · · · · · · · · · · · · · · · · · ·
e, Other	\$	83	OR PROG	IRAM HAS NOT BEEN SELECTED I IEW	BY STATE
. Program Income	\$	.00	47 IC THE ABBLICAN	T DEL MOUENT ON ANY CEREBO	( Activity
. TOTAL	\$ 200,022		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEST?  Yes If "Yes," attach an explanation.  No		
8. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF. ALL	-	ATION/PREAPPLICATI	ION ARE TRUE AND CORRECT, TO	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GOT THE ASSISTANCE IS AWAI	VERNING BODY OF THE	E APPLICANT AND TH	E APPLICANT WILL COMPLY WIT	H THE
Type Name of Authorized Rep Stephen B. Weisberg, Ph		ь. Title Executive Director		c. Telephone Number (714) 372-9203	
. Signeture of Authorized Regre		-Account Director		e. Date Signed 6 / 6 / -	
revious Edition Usable				Standard Form 424 (Rev	
TEVELINE COURSE LIGHTAR				WIANASAN Easen 424 (15 a.c.	/ O.71

APPLICATION FOR				OMB Approval No. 0348-004
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED August	4, 2003	Applicant Identifier N/A
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier SAI-EXEMPT
Application	Preapplication	4 5 475 55050/55 63	ZEDERAL ACENCY	Federal Identifier
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	06-01517
5. APPLICANT INFORMATION	Non-Collandenan			
Legal Name: California - Department o	of Parks and Recreation	าก		tment of Parks and Recreation
Address (give city, county, State,		FI II OU FF F	17 1	number of person to be contacted on matters involvin
Post Office Box 942896	cramenton 067 G	E I V E	this application (give a Betty Ettinger	area code)
1	acramento[]   067 — 4296-0001		(916) 651-8174	
California 06 94  6. EMPLOYER IDENTIFICATION				ANT: (enter appropriate letter in box)
IIII	AUC	3 1 1 2003 L		A
	Total Marry		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:	The second section of the second section is a second section to the second section in the second section is a second section to the second section in the second section is a second section to the second section in the second section is a second section to the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the second section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section in the section is a section in the se		B. County	State Controlled Institution of Higher Learning
Nev	v 🔲 Continuation	Revision ()	C, Municipal D, Township	J, Private University K, Indian Tribe
If Revision, enter appropriate lett	rer(s) in hov(es)		E. Interstate	L. Individual
Trevision, effect appropriate rea			F. Intermunicipal	M. Profit Organization
A, Increase Award B. Dec	rease Award C, Increas	e Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other(	'specify):			
			9. NAME OF FEDER	
			Department of the	ervice - Western Region 1443
				-
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N			TLE OF APPLICANT'S PROJECT:
		1 5 - 9 1 6	Covina Park Dev	velopment
TITLE: Outdoor Recr	eation - Acquisition, Dev	elopment & Planning	City of Covina	244
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, St.	ates, etc.):	125 E. College S Covina, CA 917	
06-16742			Covina, CA 917	23
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:		
Start Date	a. Applicant 0	3	b. Project	28
15. ESTIMATED FUNDING:			1	SUBJECT TO REVIEW BY STATE EXECUTIVE
	To .	90	ORDER 12372 P	ROCESS?
a. Federal	\$	112,200	A YES THIS PRE	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$	.00		E TO THE STATE EXECUTIVE ORDER 12372
		112,200	PROCESS	B FOR REVIEW ON:
c. State	\$	<u>.</u>	DATE S	11/2003
d. Local	\$	.84		AM IS NOT COVERED BY E. O. 12372
e. Other	\$	.od	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	\$	90	FÓR RE	VIEW
			17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	224,400	Yes If "Yes,"	attach an explanation.
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	CATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE
			IE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF  a. Type Name of Authorized Rep		ARDED.		c. Telephone Number
Ruth Coleman	o cocinativo	Acting Director, Pa	arks and Recreatio	
d. Signature of Authorized Repre	esentative	<u> </u>		e. Date Signed
Detty Etti	MA)			8/8/03
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FAX NO.

APPLICATION FOR				OMB Approval No. 0348-004	
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED August	1, 2003	Applicant Identifier N/A	
1. TYPE OF SUBMISSION:	Preapplication	3. DATE RECEIVED B)	STATE	State Application Identifier SAI-EXEMPT	
Application Construction Non-Construction	Construction  Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 06-01524	
5. APPLICANT INFORMATION				000.021	
Legal Name:			Organizational Unit:		
California - Department	of Parks and Recreati	en o E U W C		trnent of Parks and Recreation	
Address (give city, county, State, and zip code):  Post Office Box 942896  Sacramento 3150 Sacramento California 06 94296-0001  6. EMPLOYER IDENTIFICATION NUMBER (EIN):  New Continuation Revision  If Revision, enter appropriate letter(s) in box(es)  A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER;  TITLE:: Outdoor Recreation - Acquisition, Development & Planning  12. AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.):			Name and telephone number of person to be contacted on matters involving this application (give area code)  Betty Ettinger (916) 651-8174  7. TYPE OF APPLICANT: (enter appropriate letter in box)  A, State H. Independent School Dist. B, County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)  9. NAME OF FEDERAL AGENCY; Department of the Interior National Park Service - Western Region 1443  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mountain Avenue Park Development City of Duarte 1600 Huntington Drive Duarte, CA 91010		
06-19990 13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
11/1/03 6/30/08	1 ''	3	b. 1 fojaci	32	
15. ESTIMATED FUNDING:			16 IS ADDI ICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE	
, condition of the control of the co			ORDER 12372 PR		
a, Federal	\$	153,000	(VES.) THIS PREAPPLICATION/APPLICATION WAS MADE		
b. Applicant	\$	153,000		FOR REVIEW ON:	
c. State	\$	.00	DATE 8/11/2003		
d. Local	\$	্যক	b. No.   PROGRA	MM IS NOT COVERED BY E. O. 12372	
e, Other	\$	.00	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
Program Income \$		00	17. IS THE APPLICAN	NT DELINQUENT ON ANY FEDERAL DEBT?	
3. TOTAL \$ 306,		306,000	Yes If "Yes," attach an explanation.		
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GOTHE ASSISTANCE IS AWA	OVERNING BODY OF TH		ION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Rep Ruth Coleman		b, Title Acting Director, Pa	rks and Recreation	c. Telephone Number (916) 653-7423	
d. Signature of Authorized Repre	sentative 1 n s/W			e. Date Signed	
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APPLICATION FOR		OMB Approval No. 0348-			
FEDERAL ASSISTANCE		2. DATE SUBMITTED August 1, 2003		Applicant Identifier N/A	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier SAI-EXEMPT	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	SEDERAL ACENCY	Federal Identifier	
Non-Construction	Non-Construction	T. DATE RECEIVED BY	PEDEROL AGENCY	06-01530	
5. APPLICANT INFORMATION					
Legal Name: California - Department o	f Parks and Recreatio	п	Organizational Unit: California Depart	tment of Parks and Recr	reation
Address (give city, county, State, Post Office Box 942896	and zlp code):	0 F F F F F F	SUCCESSOR.	number of person to be contact	ted on matters involvin
	cramento 067	G E   V E	this application (give an Belty Ettinger	rea code)	
California 06 94	296-0001		(916) 651-8174		
6. EMPLOYER IDENTIFICATION	NUMBER (EIN)	1 1 0000	7. TYPE OF APPLICA	NT: (enter appropriate letter in	
		AUG 1 1 2003	A, State	H, Independent School Dist.	A
B. TYPE OF APPLICATION:			B. County	I. State Controlled Institution	of Higher Learning
New New	Continuation T	Revision H	G(Municipal	J. Private University	
	OTALI	PULLARING III	10. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)	_,	E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A. Increase Award B. Deci	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(s	specify):		,		
			9. NAME OF FEDERA		
			Department of the	∍ Interior rvice - Western Region :	1//3
		·			
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NI		11. DESCRIPTIVE TIT	[LE OF APPLICANT'S PROJ	ECT:
		1 5 - 9 1 6	Miles Avenue Pa	rk Development	
	ation - Acquisition, Deve		City of Indio	Mall	
12. AREAS AFFECTED BY PRO	DJECT (Cliles, Counties, Sta	ites, etc.):	Indio, CA 92202		
06-36448			,		
13. PROPOSED PROJECT	14, CONGRESSIONAL DIS	STRICTS OF:	<u> </u>		
Start Date Ending Date	a. Applicant		b. Project		
11/1/03 6/30/08	03	3		45	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY S	TATE EXECUTIVE
		00	ORDER 12372 PR	OCESS?	
a. Federal	\$	141,790	NES THIS BREA	PPLICATION/APPLICATION	WAS MADE
b. Applicant	\$	.00	1 \ /	TO THE STATE EXECUTIVE	
		141,790`	PROCESS	FOR REVIEW ON:	
c, State	\$	.06	DATE 8	11/2003	
d. Local	\$	.00	DATE 0		
			b. No.   PROGRA	M IS NOT COVERED BY E. C	O. 12372
e. Other	\$	.00	1 –	BRAM HAS NOT BEEN SELE	CTED BY STATE
6.04444	r.	00	FOR REV	TEW	
f. Program Income	\$	•	17. IS THE APPLICAN	T DELINQUENT ON ANY FE	EDERAL DEBT?
g. TOTAL	\$	000 500		attach an explanation.	☐ No
		283,580			
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY					
ATTACHED ASSURANCES IF T			E ATTEICANT AND IT	IL AFFEIDA(I) WILL GOIN E	
a. Type Name of Authorized Repr		b. Title		c. Telephone Number	
Ruth Coleman		Acting Director, Par	rks and Recreation		
d. Signature of Authorized Repres	entative			e. Date Signed	
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APPLICATION FOR				OMB Approval No. 0348-0043
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction 5. APPLICANT INFORMATION	Non-Constituent			
Legal Name: Sonoma St	te Universit	٦		rolled Institution of Higher Learning
Address (give city, county, State,	ti Avenue	0		number of person to be contacted on Matters involving area code) Robert Colman (707) 664-2393
Stevenson Hall Rohnert Park	CA ANAESE	3609 W B F	Sonoma. elu	Fax (707) 664-4009
6. EMPLOYER IDENTIFICATIO			7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
68-0338	225	11	A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:	TILL AUG	4.000	B. County C. Municipal	State Controlled Institution of Higher Learning  J. Private University
☑ Nev	Continuation	Revision	D. Township	K. Indian Tribe
If Revision, enter appropriate let	er(s) in box(es)	TARING HOUSE	E. Interstate	L, Individual
	TOP I I I I I I I I I I I I I I I I I I I	icum preene	F. Intermunicipal	M. Profit Organization
7. (()C(CG3C) (()C(C	10000,	e Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other	speary):		9. NAME OF FEDER	ALAGENCY: Commerce
			Economic D	Development Administration TLE OF APPLICANT'S PROJECT:
10, CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	IUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
10,00,000		111-209	550	multi-Use Center
\$	· Adjude		1	<b>\$</b>
TITLE: ECGNO	OJECT/Cities Counties St	tales etc.):	Plann	ing study
1 10 1	a Rosal Sonomia	a County/CA		
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF: T	Congressi	i-nal District
Start Date Ending Date	a. Applicant		b. Project 5+L	2
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 P	SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS?
a. Federal	\$ 2400	000		
b. Applicant	\$		AVAILABL	EAPPLICATION/APPLICATION WAS MADE  LE TO THE STATE EXECUTIVE ORDER 12372  S FOR REVIEW ON:
c. State	\$	pq	PATE	2/11/03
d. Local	\$ 60,	000	b No FI PROGR	PAM IS NOT COVERED BY E. O. 12372
e. Other	\$	.00		GRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	\$	.00	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 300,0	000 .8	7	'attach an explanation. No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II	Y AUTHORIZED BY THE G	OVERNING BODY OF T	CATION/PREAPPLICA HE APPLICANT AND T	ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Re		b. Title		c. Telephone Number
Robert Coln	NAN A	- Director E	PP	(707) 664-2393
d. Signature of Authorized Rep	resentative Volt	oliver.		e. Date Signed 7/29/03
Previous Edition Usable Authorized for Local Reproduct	lon			Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSIS	STANCE	2. Date Submitted	Applicant Identifier
. Type of Submission:		3. Date Rec'd by State	State Application Identifier
application Preapplication			
Construction Construction		4. Date Rec'd by Federal	Federal Identifier
X Nonconstruction Nonconstruct	ion		X 97915401
Applicant Information:		Organizational Unit:	
egal Name and Address:		Lahontan Regional Water Quality Cor	ntrol Board
give city, county, state, and zip code)		Name and telephone of person to be co	
State Water Resources Control B	oard	involving this application (give area c	
1001 I Street, Sacramento Count			
Sacramento, California 95814		— Chuck-Cuntis	
Sacramento, Camonia	G E I V	(530) 542-5460	
5. Employer Identification Number (EIN)	<u> </u>	7. Type of Applicant: (enter appropri	ate letter)A
680281986		A. State H. Indepe	endent School District
	AUG 1 1 000		stitute of Higher Learning
8. Type of Application:	AUU I I ZUL		University
New X Revision Continuat	ion	D. Township K. Indian	Tribe
If Revision, enter appropriate letter(s):		E. Interstate L. Individ	dual
A. Increase Award  B. Decrease A.	ward EARING		Organization
C. Increase Duration  D. Decrease D.		G. Special District N. Other	9
Other (specify)		1	
Oniei (specify)		9. Name of Federal Agency:	
10. Catalog of Federal Domestic Assistance N	Jumber	U. S. Environmental Pr	otection Agency
10. Catalog of Federal Domestic Assistance is 66.606	iumoei	O. O. Eminomiolital I	J
	and	11. Descriptive Title of Applicant's P	roject:
Title: Surveys, Studies, Investigations	and	11. Descriptive This of Applicants I	<b>y</b>
Special Purpose Grants		To develop the Lake Tahoe Sediment	and Nutrient
10 1 AM (11 P )		Total Maximum Daily Load (TMDL)	
12. Area Affected by Project:		Total Maximum Daily Load (1MDL)	z.epo
(cities, counties, states, etc.)			
Lake Tahoe area		-	
13. Proposed Project:		14. Congressional District of:	
Start Date End Date		Applicant: Project:	
7/1/02 9/30/05		Applicant: Froject.  3 Californi	a - A!!
		16. Is the application subject to review	
15. ESTIMATED FUNDING:		Executive Order (EO) 12372 process	
	<b>e</b> <0.000	Executive Order (EO) 123/2 process	/ n/preapplication was made
Q. X V	\$60,000	a. YES: _X_ This application available to the State E	O 12272 process for
b. Applicant	\$0 D(0,000	i i	O 12372 process for
d. Otale	\$60,000	review on:	August 11, 2002
d. Local	\$0	Date:	August 11, 2003
e. Other	\$0		covered by EO # 12372
f. Program Income	\$0		t been selected by the
		state for review	
g. TOTAL	\$120,000	17. Is the applicant delinquent on an	
		YES, attach explanation	_X_ NO
18. TO THE BEST OF MY KNOWLEDGE	AND BELLEE ALL	DATA IN THIS APPLICATION/PREA	PPLICATION ARE
TRUE AND CORRECT, THE DOCUMENT	HACREEN DITTY	AUTHORIZED BY THE COVERNING	BOARD OF THE
TRUE AND CORRECT, THE DOCUMENT	TAO DEEN DULI	THE ATTACHED A STILL GOVERNMENT THE ATTACHED AS THE GOVERNMENT THE ATTACHED AS THE GOVERNMENT THE ATTACHED AS THE GOVERNMENT T	HE ASSISTANCE
APPLICANT, AND THE APPLICANT WIL	L COMPLY WITH	THE ATTACHED ASSORANCES II. I	115 / 155/51/11/155
IS AWARDED.		li mid	Tolombono Musebon
a. Typed Name of Authorized Representative	2	b. Title:	c. Telephone Number
Celeste Cantú		Executive Director	(916) 341-5615
d. Signature of Authorized Representative			e. Date Signed:
	· · ·		

**APPLICATION FOR** OMB Approval No. 0348-0043 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE August 9, 2003 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE Application
Construction Preapplication Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit Christian Partnerships Inc. Christian Partnerships Inc. Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) 2251 Florin Road, Suite 134 W 6 Sacramento, CA 95822 6. EMPLOYER IDENTIFICATION NUMBER (EIN). 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6 8 - 0 4 5 3 6 1 4 2003 n A. State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University Continuation Now Revision O. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization Non-Profit A Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: Department of Health and Human Services 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Prior by area: 5 - Planning Project TITLE: Not Applicable 12. AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.): Sacramento County CAlifornia 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date **Ending Date** a. Applicant 12/31/03 12/31/04 Christian Partnerships Inc. MANNA - A Community Economic Development Project 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal £ 274,899 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE Applicant S AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 15.100 PROCESS FOR REVIEW ON: c. State S DATE \_\_\_ d Local \$ b. No. PROGRAM IS NOT COVERED BY É. O. 12372 e. Other \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income \$ 00 16,524 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

306,523

a, Type Name of Authorized Representative Annqunett Fazil	b. Title Program Admilistrator	c. Telephone Number (916) 424-4470
d. Signature of Authorized Representative		e. Date Signed

Previous Edition Usable Authorized for Local Reproduction No.

Yes If "Yes," attach an explanation.

\$

APPLICATION FOR					
FEDERAL ASSISTANC	E	2. DAT	E SUBMITTED	Applicant Identifier	
		. A	ugust 7, 2003		
1. TYPE OF SUBMISSION:		3. DAT	E RECEIVED BY STATE	State Applicant Identifier	
Application Construction	Preapplication  Construction	4. DAT	E RECEIVED BY FEDERAL AGENC	/ Federal Identifier	
✓ Non-Construction	☐ Non-Construction	1			
5. APPLICANT INFORMATION					
Legal Name: VALLEY ECONOMIC D	EVELOPMENT CENTER, IN	NC	Organizational Unit: BIZWORKS PROGRAM		
Address (give city, county, State 12502 Van Nuys Blvd., Pacoima, CA 91331 LOS ANGELES COUN	#119		Name and telephone number of per (give area code)  ROBERTO BARRAGAN  TEL: 818-907-9977	son to be contacted on matters involving	g this application
6. EMPLOYER IDENTIFICATION 95-3139419	ON NUMBER (EIN):	•	7. TYPE OF APPLICANT: (enter a	ppropriate letter in box)	N
			A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of H	igher Learning
New Continu	uation Revision		C. Municipal	J. Private University  K. Indian Tribe	
If Revision, enter appropriate let	ter(s) in box(es)		D. Township E. Interstate	L. Individual	
The violett, officer appropriate tec	(5) 20(55)		F. Intermunicipal	M. Profit Organization	
			G. Special District	N. Other (Specify) NON-PROFIT ECO	N. DEV. CORP
A. Increase Award B. D	ecrease Award C. Increase Dur	ation :	·		
D. Decrease Duration Other	er (specify):		9. NAME OF FEDERAL AGENCY:		
			Dept. of Health & Hun	an Services	
10 CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NUMBE	R:	11. DESCRIPTION OF APPLICANT	S PROJECT:	
Community Services Block Grant-Di				Capital (ATC) Project RE(	
(Awards Urban & Rural Econ. Dev.)			BizWorks Access to 0	apital (ATC) Project	AFEIN AFE
	DJECT (Cities, Counties, States, e	etc):		ME	EIVED
Northeast San Fernan	do Valley, CA/ City of LA				
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRIC	CTS OF:		- AUG	1 1 2003
29 Months					
Start Date Ending Date	a. Applicant		b. Project	STATE CLE	ARINGHOUS!
Oct. 2003 Mar-2006	26			uding but not limited to 26, 27,	28, 80, 8110051
15. ESTIMATED FUNDING:			16. IS APPLICANT SUBJECT TO R	EVIEW BY STATE EXECUTIVE ORDE	R 12372 PROCESS
a. Federal	\$ 557,068.64		a. YES THIS PREAPPLICAT	ION/APPLICATION WAS MADE AVAIL	ABLE TO THE
b. Applicant				ORDER 12372 PROCESS FOR REVIE	
c. State			DATE 8/4/20	003	
d. Local			b. NO ☑ PROGRAM IS NOT COVER	ED BY E.O. 12372	
e. Other	\$ 674,820.83		OR PROGRAM HAS NOT B	EEN SELECTED BY STATE FOR REVIEW	
f. Program Income	\$ -		17. IS THE APPLICANT DELIQUEN	T ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 1,231,889.47		Yes If "Yes," attach en explanation	☑ No	
18. TO THE BEST OF MY KNO DULY AUTHORIZED BY TH ASSISTANCE IS AWARDEI	IE GOVERNING BODY OF THE A	TA IN THIS	APPLICATION/PREAPPLICATION A AND THE APPLICANT WILL COMP	RE TRUE AND CORRECT, THE DOCU LY WITH THE ATTACHED ASSURANC	MENT HAS BEEN CES IF THE
a. Type name of Authorized Re	epresentative	b. Title	ESIDENT	c. Telephone Number 818-907-9977	
d. Signature of Authorized Rep		FR	LUIDLINI	e. Date signed	
d. Signature of Authorized Rep	or Coordinative		-	8/7/2003	

APPL FEDERA	LICATION FO	R NCE	2 **E SUBMITTED: 8/07/2003		Applicant Iden*	09CH7057	
1. TYPE OF SUBMISS	SION Preapplication		3. DATE RECEIVED BY 8/07/2003		State Application Id	entifier ,	
Construction  X Non-Constru	닐	onstruction	4. DATE RECEIVED BY 8/08/2003		Federal Identifier	94-1640546	
5. APPLICANT INFO	RMATION					Value and value	
Legal Name: Comr	nunity Action Agenc	y of Butte Co	., Inc.	Organizational Unit:	Early Head Start	100 A	
Address (give city, cou 2255 Del Oro Oroville, CA 95965 Butte	inty, state, and zip code			Name and telephone number of the person to be contacted on matters involving this application (give area code)  Marc Richmond (530) 538-6055  Director			
6. EMPLOYER IDEN	TIFICATION NUMBER			}	NT (enter appropriate	I	
	1 6	4 0 5	4 6	A. State B. County	H. Independen I. State Contro	t School Dist. led Institution of Higher Learning	
8. TYPE OF APPLICATION  New  X Continuation  Revision  If Revision, enter appropriate letter(s) in box(es):				C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify) Non-profit			
A. Increase Awar D. Decrease Dur			Increase Duration	9. NAME OF FEDERA Health and Human			
10. CATALOG OF FE ASSISTANCE NU	MBER:		•		TLE OF APPLICANT'S I	PROJECT: and toddlers in Oroville, Chico, Butte County, California	
TITLE:Early Head	d Start					A RECORD SHOWS THE PROPERTY OF	
12. AREAS AFFECTE Butte County, Californ				-		RECEIVED AUG 1 1 2003	
13. PROPOSED PRO	JECT:	14. CONGRE	SSIONAL DISTRICTS O	F: 1		700 1 1 2003	
Start Date 10/01/2002	Ending Date 9/30/2004	a Applicant		b.	Project	STATE CLEARING HOUSE	
15. ESTIMATED FO	JNDING		16. IS APPLICATION	SUBJECT TO REVIEW E	BY STATE EXECUTIVE	ORDER 12372 PROCESS?	
a Federal	\$	16,000 .00		APPLICATION/APPLICA ER 12372 PROCESS FOR		LABLE TO THE STATE	
b Applicant	\$	4,000 .00	DATE	AUG 8 2003			
c State	\$	0.00	b NO	PROGRAM IS NOT	COVERED BY E.O. 123	72	
d Local	\$	0.00	,	OR PROGRAM HAS	NOT BEEN SELECTE	D BY STATE FOR REVIEW	
e Other	\$	0 .00	17. IS THE APPLICAN	NT DELINQUENT ON AN	Y FEDERAL DEBT?		
f Program Income	\$	0 .00		s," attach an explanation.	x	No	
g Total	\$ .	20,000 .00					
						NT HAS BEEN DULY AUTHORIZED THE ASSISTANCE IS AWARDED	
a Typed Name of Autho	rized Representative Thomas P. T	enorio	44	b Title Executive	e Director	c Telephone number (530) 538-7559	
b Signature of Authorize	Representative					e Date Signed	

APPLICATION F	_				10 - 11 1 I d 116	OMB Approval No	
FEDERAL ASSI	STA	NCE	2. DATE SUBMITTE	D	Applicant Identifier R9 Tracking	No. 03-367	
1. TYPE OF SUBMISSIO	N:		3. DATE RECEIVED	BY STATE	State Application Ide	entifier	
Application		Preapplication					
☐ Construction		Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier		
Non-Construction	ATION	Non-Construction					
5. APPLICANT INFORMA Legal Name:	AHON			Organizational Unit:			
California Air Re	esour	ces Board		Administrative	e Services Divi	sion	
Address (give city, county				Name and telephone	number of person to b	e contacted on matte	ers involv
1001   Street		,		this application (give a			_
P.O. Box 2815				Valinda Debbs,	Administrative	Lynn Terry, F	-
Sacramento, CA 95	812			(916) 322-8201		(916) 322-27	739
6. EMPLOYER IDENTIFI	CATIO	N NUMBER (EIN):		7. TYPE OF APPLIC	ANT: (enter appropriat		
68-02	8 8	0 6 9			II ladas andas Caba	A	
				A. State	H. Independent School. State Controlled In		earning
8. TYPE OF APPLICATION	JN:	_		B. County C. Municipal	J. Private University	•	sarriing
	✓ Nev	✓ ☐ Continuation	Revision	D. Township	K. Indian Tribe		
If Revision, enter appropr	iata latt	er(s) in hoy(es)		E. Interstate	L. Individual		
ii Noviolori, cinci appropr	idio ioii	Si(S) III SSi(SS)		F. Intermunicipal	M. Profit Organizatio	on	
A. Increase Award	B. Dec	rease Award C. Increas	se Duration	G. Special District	N. Other (Specify)		
D. Decrease Duration	Other(	specify):					
				9. NAME OF FEDER	AL AGENCY:		
			and the second s	Environmental F	Protection Agency		
		01450710 40010741105 1	IIIMDED.	44 DECCRIPTIVE T	TLE OF APPLICANT	'S DEC IECT:	
10. CATALOG OF FEDE	RAL D	OMESTIC ASSISTANCE N					20
			6 6 — 0 0		control of air polluate and federal lav		
TITLE: Air Pol	lution	Control Program Sup	port		ition control efforts		
		DJECT (Cities, Counties, S			chieve air quality		
State of California		. , , , , , , , , , , , , , , , , , , ,		арргорнате то ат	Smove an quality s		
13. PROPOSED PROJE	СТ	14. CONGRESSIONAL D	ISTRICTS OF:			AUG 1 1	2003
Start Date Ending [	Date	a. Applicant		b. Project			
10/1/03 9/30	/04	C	13		Statewide	STATE CLEARIN	1G HUL
15. ESTIMATED FUNDIN	IG:			16. IS APPLICATION	SUBJECT TO REVIE	EW BY STATE EXEC	CUTIVE
				ORDER 12372 P	ROCESS?		
a. Federal		\$	6,330,489	\	ABBUIGATIONUABBUI	0.47.041.444.0.444.04	_
			0,000,400		APPLICATION/APPLI E TO THE STATE EX		
b. Applicant		\$	20,515,127	1	FOR REVIEW ON:	ECOTIVE ONDER 1	2312
c. State		\$	.00		Signature Date		
		Φ.	00	DATE		_	
d. Local		\$	•	h No T PROGR	AM IS NOT COVERE	DBY F O 12372	
e. Other		\$	00		GRAM HAS NOT BEE		STATE
e. Other		<b>1 4</b>	•	FOR RE			
f. Program Income		\$	00				
r. r rogram moomo		<b>*</b>		17. IS THE APPLICA	NT DELINQUENT ON	ANY FEDERAL DE	EBT?
g. TOTAL		\$		Yes If "Yes,"	attach an explanatio	n. 🔽	No
		1		LICATION/PDEATER IS	TION ARE TRUE AND		
18. TO THE BEST OF M	Y KNO	WLEDGE AND BELIEF, A AUTHORIZED BY THE G	CL DATA IN THIS APP	LICATION/PREAPPLICA	HON ARE IRUE AND	J CORRECT, THE	HE
				THE APPLICANT AND I	HE AFFEIGANT WILL	- COME LE VALLE LE	
a. Type Name of Authoriz		THE ASSISTANCE IS AW	b. Title		c. Telephone Numbe	er	
Mario LaVergne	.eu net	NEOGHICANVE	Chief Administra	ative Services	(916) 322-8198		

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

e. Date Signed 8/8/03

OMB Approval No. 0348-0043 APPLICATION FOR Applicant Identifier 2. DATE SUBMITTED FEDERAL ASSISTANCE August 8, 2003 3. DATE RECEIVED BY STATE State Application Identifier 1. TYPE OF SUBMISSION: Preapplication Application 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Construction Construction Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Community Development Legal Name: Bronze Triangle Develoment Corporation Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): this application (give area code) 2953 Imperial Ave Gale (619) 233-1385 San Diego, CA 92102 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 3 0 - 0 1 1 1 8 1 7 9 H. Independent School Dist. A. State I. State Controlled Institution of Higher Learning B. County 8. TYPE OF APPLICATION: J. Private University C. Municipal Revision Continuation K. Indian Tribe **№** New D. Township L. Individual E. Interstate If Revision, enter appropriate letter(s) in box(es) M. Profit Organization F. Intermunicipal N. Other (Specify) Non-Profit CDC G. Special District C. Increase Duration B. Decrease Award A. Increase Award Other(specify): D. Decrease Duration 9. NAME OF FEDERAL AGENCY: DHHS-ACF-OCS 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Planning Grant Priority Area (5) will provide employment and business development opportunities for low-income TITLE: CSBG DISC individuals. 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County 14. CONGRESSIONAL DISTRICTS OF: AUG 1 1 2003 13. PROPOSED PROJECT b. Project a. Applicant Ending Date Start Date 53 10/1/03 9/30/04 16. IS APPLICATION SUBJECT TO REVIEW BY 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? \$ a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE a. Federal 75,000 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 \$ b. Applicant PROCESS FOR REVIEW ON: 08/08/03 \$ c. State DATE 00 \$ PROGRAM IS NOT COVERED BY E. O. 12372 d. Local b. No. OR PROGRAM HAS NOT BEEN SELECTED BY STATE 00 \$ e. Other FOR REVIEW 00 \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income **№** No Yes If "Yes," attach an explanation. g. TOTAL 75,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number h Title a. Type Name of Authorized Representative (619) 233-1385 President-& CEO Gale Walker e. Date Signed d. Signature of Authorized Representative 00

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FEDERAL ASSISTAN	ICE		t 7, 2003	Applicant Identifier N/A
TYPE OF SUBMISSION:		3. DATE RECEIVED	BY STATE	State Application Identifier SAI-EXEMPT
) portagner.	Preapplication	A REPRESENTANTAN	BY FEDERAL AGENCY	Federal Identifier
✓ Construction	Construction		DI FEDERAL AGENCI	06-01505
Non-Construction	Non-Construction			
APPLICAN'T INFORMATION			Organizational Unit:	
.egal Name: - California - Department o	f Parks and Regrea	ation ra no ra	California Depar	tment of Parks and Recreation
California 06 94  6. EMPLOYER IDENTIFICATION:  8. TYPE OF APPLICATION:  New  If Revision, enter appropriate left  A. Increase Award  B. Dec	cramento 067 296-0001 NUMBER (EIN) Continuation er(s) in box(es) rease Award C. Incressecify):	AUG 1 1 2003  CLEARING HOL	Name and telephone this application (glve a Betty Ettinger (g16) 651-8174 7. TYPE OF APPLIC.  A State B County G. Municipal D. Township E. Interstate F. Intermunicipal G. Special District  9. NAME OF FEDER Department of th National Park Se  11. DESCRIPTIVE T	number of person to be contacted on matters investigated code)  ANT: (enter appropriate letter in box)  A  H. Independent School Dist. I. State Controlled Institution of Higher Leaming J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)  LAL AGENCY:
TITLE: Outdoor Recr	eation - Acquisition, [	Development & Planning	McLaren Park D San Francisco F	Rec. & Park Department
TITLE: Outdoor Recr 12. AREAS AFFECTED BY PRI 67000 13. PROPOSED PROJECT	eation - Acquisition, [ OJECT (Cities, Countles  14. CONGRESSIONA	Development & Plannings, States, etc.):	McLaren Park D	Rec. & Park Department th. floor
12. AREAS AFFECTED BY PRI 67000 13. PROPOSED PROJECT	OJECT (Cities, Countles	Development & Plannings, States, etc.):	McLaren Park D San Francisco F 30 Van Ness, 5 San Francisco,	Rec. & Park Department th. floor
12. AREAS AFFECTED BY PRI 67000  13. PROPOSED PROJECT  Start Date Ending Date	OJECT (Cities, Countles	Development & Plannings, States, etc.):	McLaren Park D San Francisco F 30 Van Ness, 5 San Francisco,	Rec. & Park Department th. floor CA 94102
12. AREAS AFFECTED BY PRI 67000  13. PROPOSED PROJECT  Start Date Ending Date 11/1/03 6/30/08	OJECT (Cities, Countles	Development & Plannings, States, etc.):	McLaren Park D San Francisco F 30 Van Ness, 5 San Francisco,	Rec. & Park Department th. floor CA 94102
12. AREAS AFFECTED BY PRI 67000  13. PROPOSED PROJECT  Start Date Ending Date	OJECT (Cities, Countles	Development & Plannings, States, etc.):	McLaren Park D San Francisco F 30 Van Ness, 5 San Francisco,	Rec. & Park Department th. floor CA 94102  08 N SUBJECT TO REVIEW BY STATE EXECUTIV
12. AREAS AFFECTED BY PRI 67000  13. PROPOSED PROJECT  Start Date Ending Date 11/1/03 6/30/08	OJECT (Cities, Countles	Development & Plannings, States, etc.):  AL DISTRICTS OF:	McLaren Park D San Francisco F 30 Van Ness, 5 San Francisco,  b. Project  16. IS APPLICATIO ORDER 12372 F	Rec. & Park Department th. floor CA 94102  08 N SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?
12. AREAS AFFECTED BY PRI 67000  13. PROPOSED PROJECT  Start Date	14. CONGRESSIONA  a. Applicant	Development & Planning s, States, etc.):  AL DISTRICTS OF:  03	McLaren Park D San Francisco F 30 Van Ness, 5 San Francisco,  b. Project  16. IS APPLICATIO ORDER 12372 F	Rec. & Park Department th. floor CA 94102  08  N SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  EAPPLICATION/APPLICATION WAS MADE
12. AREAS AFFECTED BY PRI 67000  13. PROPOSED PROJECT  Start Date Ending Date 11/1/03 6/30/08  15. ESTIMATED FUNDING:	14. CONGRESSIONA  a. Applicant	Development & Plannings, States, etc.):  AL DISTRICTS OF:  03	McLaren Park D San Francisco F 30 Van Ness, 5 San Francisco,  b. Project  16. IS APPLICATIO ORDER 12372 F  EYES THIS PRI AVAILAB	Rec. & Park Department th. floor CA 94102  08  N SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  EAPPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372
12. AREAS AFFECTED BY PRI 67000  13. PROPOSED PROJECT  Start Date Ending Date 11/1/03 6/30/08  15. ESTIMATED FUNDING:  a. Federal  b. Applicant	14. CONGRESSIONA  a. Applicant  \$	Development & Planning s, States, etc.):  AL DISTRICTS OF:  03	McLaren Park D San Francisco F 30 Van Ness, 5 San Francisco,  b. Project  16. IS APPLICATIO ORDER 12372 F EYES THIS PRI AVAILAB PROCES	Rec. & Park Department th. floor CA 94102  08  N SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  EAPPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372 IS FOR REVIEW ON:
12. AREAS AFFECTED BY PRI 67000  13. PROPOSED PROJECT  Start Date Ending Date 11/1/03 6/30/08  15. ESTIMATED FUNDING: a. Federal	14. CONGRESSIONA  a. Applicant	Development & Plannings, States, etc.):  AL DISTRICTS OF:  03  154,020  154,020	McLaren Park D San Francisco F 30 Van Ness, 5 San Francisco,  b. Project  16. IS APPLICATIO ORDER 12372 F EYES THIS PRI AVAILAB PROCES	Rec. & Park Department th. floor CA 94102  08  N SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  EAPPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372
12. AREAS AFFECTED BY PRI 67000  13. PROPOSED PROJECT  Start Date Ending Date 11/1/03 6/30/08  15. ESTIMATED FUNDING:  a. Federal  b. Applicant	14. CONGRESSIONA  a. Applicant  \$	Development & Plannings, States, etc.):  AL DISTRICTS OF:  03  154,020  154,020	McLaren Park D San Francisco F 30 Van Ness, 50 San Francisco,  b. Project  16. IS APPLICATIO ORDER 12372 F EYES THIS PRI AVAILAB PROCES DATE  b. No. TI PROGI	Rec. & Park Department th. floor CA 94102  08  N SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  EAPPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372 IS FOR REVIEW ON:  8/11/2003  RAM IS NOT COVERED BY E. O. 12372
12. AREAS AFFECTED BY PRI 67000  13. PROPOSED PROJECT  Start Date Ending Date 11/1/03 6/30/08  15. ESTIMATED FUNDING:  a. Federal b. Applicant c. State	14. CONGRESSIONA  a. Applicant  \$ \$ \$	Development & Plannings, States, etc.):  AL DISTRICTS OF:  03  154,020  154,020	McLaren Park D San Francisco F 30 Van Ness, 50 San Francisco,  b. Project  16. IS APPLICATIO ORDER 12372 F EYES THIS PRI AVAILAB PROCES DATE  b. No. TI PROGI	Rec. & Park Department th. floor CA 94102  08  N SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  EAPPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372 IS FOR REVIEW ON:  8/11/2003  RAM IS NOT COVERED BY E. O. 12372 OGRAM HAS NOT BEEN SELECTED BY STATE
12. AREAS AFFECTED BY PRI 67000  13. PROPOSED PROJECT  Start Date	14. CONGRESSIONA  a. Applicant  \$ \$ \$ \$	Development & Plannings, States, etc.):  AL DISTRICTS OF:  03  154,020	McLaren Park D San Francisco F 30 Van Ness, 5 San Francisco,  b. Project  16. IS APPLICATIO ORDER 12372 F EYES THIS PRI AVAILAB PROCES  DATE  b. No. PROGI	Rec. & Park Department th. floor CA 94102  08  N SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  EAPPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372 IS FOR REVIEW ON:  8/11/2003  RAM IS NOT COVERED BY E. O. 12372 OGRAM HAS NOT BEEN SELECTED BY STATE EVIEW  CANT DELINQUENT ON ANY FEDERAL DEBT?
12. AREAS AFFECTED BY PRI 67000  13. PROPOSED PROJECT  Start Date Ending Date 11/1/03 6/30/08  15. ESTIMATED FUNDING:  a. Federal  b. Applicant  c. State  d. Local  a. Other  f. Program Income	14. CONGRESSIONA  a. Applicant  \$ \$ \$ \$ \$	Development & Plannings, States, etc.):  154,020  154,020  00  00  308,040	McLaren Park D San Francisco F 30 Van Ness, 5 San Francisco,  b. Project  16. IS APPLICATIO ORDER 12372 F  EYES THIS PRI AVAILAB PROCES  DATE  b. No. PROGI OR PR FOR RI  17. IS THE APPLIC	Rec. & Park Department th. floor CA 94102  08  N SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  EAPPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372 S FOR REVIEW ON:  8/// 2003  RAM IS NOT COVERED BY E. O. 12372 OGRAM HAS NOT BEEN SELECTED BY STATE EVIEW  ANT DELINQUENT ON ANY FEDERAL DEBT? " attach an explanation.  \  \  \  \  \  \  \  \  \  \  \  \  \
12. AREAS AFFECTED BY PRI 67000  13. PROPOSED PROJECT  Start Date	14. CONGRESSIONA  a. Applicant  \$ \$ \$ \$ \$  WLEDGE AND BELIE Y AUTHORIZED BY TH	Development & Plannings, States, etc.):  154,020  154,020  00  308,040  F, ALL DATA IN THIS APITE GOVERNING BODY O	McLaren Park D San Francisco F 30 Van Ness, 5 San Francisco,  b. Project  16. IS APPLICATIO ORDER 12372 F  EYES THIS PRI AVAILAB PROCES  DATE  b. No. PROGI OR PR FOR RI  17. IS THE APPLIC  Yes If Yes	Rec. & Park Department th. floor CA 94102  08  N SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  EAPPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372 S FOR REVIEW ON:  8/11/2003  RAM IS NOT COVERED BY E. O. 12372 OGRAM HAS NOT BEEN SELECTED BY STATE EVIEW  ANT DELINQUENT ON ANY FEDERAL DEBT? " attach an explanation.
12. AREAS AFFECTED BY PRI 67000  13. PROPOSED PROJECT  Start Date	14. CONGRESSIONA  a. Applicant  \$ \$ \$ \$ \$  POWLEDGE AND BELIE Y AUTHORIZED BY THE ASSISTANCE IS	Development & Plannings, States, etc.):  154,020  154,020  154,020  00  308,040  F, ALL DATA IN THIS APIE GOVERNING BODY OF AWARDED.	McLaren Park D San Francisco F 30 Van Ness, 5 San Francisco,  b. Project  16. IS APPLICATIO ORDER 12372 F  EYES THIS PRI AVAILAB PROCES  DATE  b. No. PROGI OR PR FOR RI  17. IS THE APPLIC THE APPLICANT AND	Rec. & Park Department th. floor CA 94102  08  N SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  EAPPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372 SOFOR REVIEW ON: B/// 2003  RAM IS NOT COVERED BY E. O. 12372 OGRAM HAS NOT BEEN SELECTED BY STATE EVIEW  ANT DELINQUENT ON ANY FEDERAL DEBT? " attach an explanation.
12. AREAS AFFECTED BY PRI 67000  13. PROPOSED PROJECT  Start Date	14. CONGRESSIONA  a. Applicant  \$ \$ \$ \$ \$  \$  WLEDGE AND BELIE Y AUTHORIZED BY THE ASSISTANCE IS Expresentative	Development & Plannings, States, etc.):  154,020  154,020  154,020  00  308,040  F, ALL DATA IN THIS APIE GOVERNING BODY OF AWARDED.	McLaren Park D San Francisco F 30 Van Ness, 5 San Francisco,  b. Project  16. IS APPLICATIO ORDER 12372 F  EYES THIS PRI AVAILAB PROCES  DATE  b. No. PROGI OR PR FOR RI  17. IS THE APPLIC  Yes If Yes	Rec. & Park Department th. floor CA 94102  08  N SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?  EAPPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372 SOFOR REVIEW ON: B/// 2003  RAM IS NOT COVERED BY E. O. 12372 OGRAM HAS NOT BEEN SELECTED BY STATE EVIEW  ANT DELINQUENT ON ANY FEDERAL DEBT? " attach an explanation.

APPLICATION FOR				OMB A	pproval No. 0348-0043
FEDERAL ASSISTANCE		2, DATE SUBMITTED		Applicant Identifier	
LENEKAL 499191 AL	10L	August 11, 2	2003		
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication		PROPRIE LABOURY	Federal Identifier	
Construction	Construction  Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Hedelai idelitiisi	
Non-Construction  5. APPLICANT INFORMATION	Non-construction				
Legal Name:	manufacili Makana ani katalika kiningan anganaka kinanaka milikanaka	2 U W E	Organizational Unit:	*1	
Imperial Valley Housi	ng Authority [3]	BEIVE	Housing Author	ONTY number of person to be contact	A on matters involving
Address (give city, county, State,	and zip code)		trill application (give a	rea code)	
1401 "D" Street		1 1 0000	Bill McNees, I	Deputy Executive Dir	ector
Brawley, Imperial Cou	inty, California 924	ary 1 1 2003	of Developme	nt (7760) 351-7000	£ \
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in	N
95-6003	9 7 7 CTATE	CLEARING HOL	SESTATE	H, Independent School Dist.	
8. TYPE OF APPLICATION:	JIIII	Tap Sen Sen 7 to a color of the	B. County	State Controlled Institution of J. Private University	f Higher Learning
₩ New	☐ Continuation	Revision	C. Municipal D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in hox(as)	ו ר	E. Interstate	L. Individual	
III HOVISION, BINDI Appropriate ide.			F. Intermunicipal	M. Profit Organization	Authorite
The fried due of the second	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify) Housing	Authority
D. Decrease Duration Other(c	specify):		9. NAME OF FEDERA	AL AGENCY:	
			USDA Rural Dev	relopment	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJE	CT:
10. CATALOG OF PEDERAL DA		10-405	Sunset Garden	Apartments	
	•				
TITLE: Farm Labor 12. AREAS AFFECTED BY PRO	Housing Loans and G	Laurz		new 40 unit Low-Incom	9
			Farm Labor Ren	tal Development	
Fown of Heber, County of			<u> </u>		
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	ISTRICTS OF:			
Start Date   Ending Date	a. Applicant		b. Project	F4-4	
1/1/04 1/1/05	51	<u>st</u>	40 IO APPLICATION	51st SUBJECT TO REVIEW BY S	TATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 PI		. A C Date of the
	\$	, on	1		
a. Federal		2,846,694	a. YES. THIS PRE	APPLICATION/APPLICATION ' E TO THE STATE EXECUTIVE	WAS MADE
b. Applicant	\$			FOR REVIEW ON:	ORDEN 12072
c. State	\$	2,846,694	DATE		
d, Local	\$	100	1		
o, cocai	-	- AK	b. No. PROGR	AM IS NOT COVERED BY E. ( GRAM HAS NOT BEEN SELE	D. 12372 CTED BY STATE
e. Other	\$	.00	OR PRO		OIED DI SIMIE
f. Program Income	\$	ÇQÇ	17 IS THE APPLICA	NT DELINQUENT ON ANY FE	DERAL DEBT?
g. TOTAL	\$	5,693,388	7	attach an explanation.	No
18. TO THE BEST OF MY KNO	INTERCE AND BELIEF A	L DATA IN THIS APPLIC	ATION/PREAPPLICA	TION ARE TRUE AND CORRE	ECT, THE
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF, AI AUTHORIZED BY THE G	OVERNING BODY OF TH	IE APPLICANT AND T	HE APPLICANT WILL COMP	Y WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AW	ARDED.			
a, Type Name of Authorized Rep	presentativa	b. Title		c, Telephone Number (760) 351-7000	
Andrea D. Roark		Executive Director		e. Date Signed	
d. Signature of Authorized Repri	esentative ()	red Rosek		1 2/11/03	3

			OMB Appr	roval No. 0348-004	
APPLICATION FOR	2. DATE SUBMITTED		Applicant Identifier		
FEDERAL ASSISTANCE	August 8	August 8, 2003			
I. TYPE OF SUBMISSION:	3. DATE RECEIVED BY		State Application Identifier		
Application Preapplication	4. DATE RECEIVED BY	EDERAL AGENCY	Federal Identifier		
Construction Construction	1	-EDERAL AGENCI	Cuciar toonane.		
Non-Construction Non-Construct  5. APPLICANT INFORMATION					
egal Name:		Organizational Unit:			
Community Equity Partners, Inc		Economic De	velopment	on mottors involvir	
Address (give city, county, State, and zip code):		Name and telephone Ihis application <i>(give a</i>	number of person to be contacted	Off matters material	
6601 Center Drive West #500 Los Angeles, CA 90045	0 0000	Sam Hughes	310 348-8177		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):	,	7. TYPE OF APPLIC	ANT: (enter appropriate letter in be	ox)	
95-4752278	110110			N	
9 3 4 7 9 2 2 7 6	YEARING HOUSE	A. State	H. Independent School Dist.  I. State Controlled Institution of I	Higher Learning	
8. TYPE OF APPLICATION:	Jana Sant 13 200 C	B. County	J. Private University	iigher Lourting	
New Continuati	ion Revision	C. Municipal D. Township	K. Indian Tribe		
	[]	E. Interstate	L. Individual		
If Revision, enter appropriate letter(s) in box(es)		F. Intermunicipal	M. Profit Organization	<b>a.</b>	
A. Increase Award B. Decrease Award C. I	Increase Duration	G. Special District	N. Other (Specify) non p	rotit	
D. Decrease Duration Other(specify):		9. NAME OF FEDER	AL AGENCY:		
	CONTRACT VALUE OF THE PROPERTY	DHHS-ACF/OC	S		
	ALON ALLEN V. C. C.	14 DESCRIPTIVE T	ITLE OF APPLICANT'S PROJEC		
10. CATALOG OF FEDERAL DOMESTIC ASSISTA					
	9 3 - 5 7 0	Business Devel Priority Area 4	opment Loan		
TITLE: CSBG Discretionary		Development P	roiect		
12. AREAS AFFECTED BY PROJECT (Cities, Coun	ties, States, etc.):	Dottolopillo	]		
Los Angeles County					
	NAL DISTRICTS OF:	Annual of the second se			
Start Date Ending Date a. Applicant		b. Project			
	ongressional District	•	37th Congressional District		
15. ESTIMATED FUNDING:		16. IS APPLICATIO	N SUBJECT TO REVIEW BY STA	ATE EXECUTIVE	
15. LOTINATED FOREIGN		ORDER 12372 F	PROCESS?		
la. Federal \$	000		TO LOS TION IN	AR MADE	
	350,000	a. YES. THIS PRI	EAPPLICATION/APPLICATION W LE TO THE STATE EXECUTIVE (	ORDER 12372	
b. Applicant \$	·		S FOR REVIEW ON:	J. (DZ.) ( 120 ) =	
c. State \$	60	1	08/09/03		
0. 5.50	DO	DATE _	0010 800		
d. Local \$		b. No. PROG	RAM IS NOT COVERED BY E.O.	. 12372	
e Other \$	(X)	OR PR	OGRAM HAS NOT BEEN SELEC	TED BY STATE	
e. Other	600,000	FOR R			
f. Program Income \$	<b>CO</b>	17. IS THE APPLIC	ANT DELINQUENT ON ANY FEI	DERAL DEBT?	
g. TOTAL \$	900	-	," attach an explanation.	No No	
9. 10 // (2	950,000°				
18. TO THE BEST OF MY KNOWLEDGE AND BE DOCUMENT HAS BEEN DULY AUTHORIZED BY	THE GOVERNING BODY OF IT	CATION/PREAPPLIC IE APPLICANT AND	THE APPLICANT WILL COMPL	Y WITH THE	
ATTACHED ASSURANCES IF THE ASSISTANCE	E IS AWARDED. b. Title		c. Telephone Number		
a. Type Name of Authorized Representative	Executive Director		(310) 348-8177		
d. Signature of Authorized Representative	1110		e. Date Signed 8 - 3 - 0	73	
		The second of th	Standard Form 424	4 (Rev. 7-97)	
Previous Edition Usable Authorized for Local Reproduction			Prescribed by OMB	Circular A-102	

Prescribed by OMB Circular A-102

LTSC CDC

APPLICATION FOR				OME	3 Approval No. 0348-0043
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier	
		08.11.	03		
1. TYPE OF SUBMISSION;		3. DATE RECEIVED B	Y STATE	State Application Identifier	
Application	Preapplication				
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction  5. APPLICANT INFORMATION	Non-Construction	<u> </u>			
Legal Name:			10 :		
LITSC Community	ع لجي ماريوم امريه	2 - a - Lund	Organizational Unit:		
Address (give city, county, blate,	and zip code):	P4-604-21-100	Name and telephone	number of person to be conta	and on marions break in
231 E 3rd	Street		this application (give	area code)	acted on matters involving
Los Duceles	CA 900 E	<b>7</b> 0 m n n		000 213,473,1	1/07
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN)	<b>≥</b> G <u>G   V  </u>			
95-4444		La Company of the Com	7. TYPE OF APPLIC	ANT: (enter appropriate letter	in box)
73 941414	4102		A. State	H. Independent School Dist	M
8. TYPE OF APPLICATION:		AUG 8 2003	B. County	State Controlled Institution	
New New	Continuation	Revision	C. Municipal	J. Private University	or ingiter counting
1 7	15 1	3	D. Township	K. Indian Tribe	•
If Revision, enter appropriate lette	er(s) in box(es)	OLDANINO III	E. Interstate	L. Individual	
A. Increase Award B. Dec	rease Award C. Increase		F. Intermunicipal	M. Profit Organization N. Other (Specify)	(1) (2)
	rease Award C, Increase	e Duration	G. Special District	N. Other (Specify) 501	(1) (3)
	<i>poolity</i> ).		B. NAME OF FEDER	AL AGENCY:	
			MUUS	-ACF/OCS	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NI	IMPER.			
	TO ASSISTANCE NO		11. DESCRIPTIVE T	TLE OF APPLICANT'S PRO	JECT:
	_  _	413-570	Neign	7	
12. AREAS AFFECTED BY PRO	Economic Devel	coment Program	m Maion	-mmigram 1	
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	ntes, etc.):	M.5-0	Immigrant interprise Em	oloument
los Angeles (	^ <u> </u>		111(602		
	14. CONGRESSIONAL DIS	STRICTS OF:	J	(AIM	=/
	33.1	Roubal Alland	30th B.	PCPEED	
	a. Applicam	7	D. Project		
09-30.03 9,30.06	LTSC - CDC		CED; C	Isian Juniora +1	You Exten Fl
15. ESTIMATED FUNDING:			18. IS APPLICATION	SUBJECT TO REVIEW BY	STATE EXECUTIVE
			ORDER 12372 PF		
a. Federal	\$500,000	.66			
b. Applicant	\$	90	YES. THIS PREA	APPLICATION/APPLICATION	WAS MADE
- Approving	250 000	."	AVAILABLE	TO THE STATE EXECUTIV	E ORDER 12372
c. State	\$	00	PROCESS	FOR REVIEW ON:	
		•	DATE	8/8/02	
d. Local	\$	.180	DOIL ,	-1-1	
o Other			b. No.   PROGRA	M IS NOT COVERED BY E.	O. 12372
e, Other	\$	.00	OR PROG	RAM HAS NOT BEEN SELE	CTED BY STATE
f. Program Income		40	FOR REV		
i. r iogram income	\$	.00			
g. TOTAL	\$ 17	00		IT DELINQUENT ON ANY FI	DERAL DEBT?
	750,000	•		ittach an explanation.	<b>⊠</b> No
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF, ALL	DATA IN THIS APPLICA	TION/PREAPPLICAT	ION ARE TRUE AND CORD	DOT THE
DOCCIMENT HAS BEEN DOLL &	OTHORIZED BY THE GOV	VERNING BODY OF THE	APPLICANT AND TH	IE APPLICANT WILL COMP	LY WITH THE
ATTACHED ASSURANCES IF II	TE ASSISTANCE IS AWAR	RDED.			=:= / · · // · · ·
a. Type Name of Authorized Repre		b. Title	N. 1	c. Telephone Number	7
d. Signature of Authorized Represe	NABE	Executive	Virector	713.473, 160	کے
The state of the s	Che			e. Date Signed 07-03	•
Previous Edition Usable				Standard Form 42	
Authorized for Local Reproduction				Properited by CMI	

Org Name: NORTHEAST VALLEY HEALTH UDS Number: 091000

APPLICATIO	ON FOR		2. DATE SUBMITTED Applicant Identif		Applicant Identifier	ər	
FEDERAL AS	SISTANCE	<b>!</b>		8/1/2003			
TYPE OF SUBMISSIO     Application	N: Preapp		B. DATE RECEIVED B	Y STATE	State Applicationt Id	entifier	
Construction	Co	nstruction 4	I. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier		
Non-Construction	n No	n-Construction			H80CS00139 H80C	S00139 H80CS00139	
5. APPLICANT INFORMA	ATION	•					
Legal Name: NORTHEAST VA	LLEY HEALTH	CORPORATIO	N	Organizational Unit:			
Address (give city, county, state, and zip code)  1172 NORTH MACLAY AVENUE SAN FERNANDO, CA 91340-1328				Name and telephone number of the person to be contacted on matters involving this application (give area code) Kimberly Wyard 818-898-1388			
<null></null>	,						
6. EMPLOYER IDENTIFIE	CATION NUMBER (	EIN):		7. TYPE OF APPLICAN	NT (enter apprpriate letter in	box) N	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  1237120632A1  8. TYPE OF APPLICATION:  New Continuation Revision  If Revision, enter appropriate letter(s) in box(es			7. TYPE OF APPLICANT (enter appropriate letter in box)  A. State B. County I. State Controlled Institution of Higher Learning C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District N. Other (Specify) N. Non-Profit				
A. Increase Award     D. Decrease Duration	B. Decreas Other (spec		crease Duration	9. NAME OF FEDERA HHS, BPHC		,	
COMMUNITY HEALTH CENTERS  HEALTHY SCHOOLS/HEALTHY COMMUNITIES PROGRAMS  COMMUNITY HEALTH CENTERS  12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  LA County, San Fernando Valleys & Santa Clarita			Continuation Project: 1) Community Health Center 2) Health Care for Homeless 3) Health Schools Healthy Communities  RECEIVEL  AUG - 8 2003				
13. PROPOSED PROJE	ст:	14. CONGRESSIO	NAL DISTRICTS OF			STATEOLE	
Start Date 12/01/2003	Ending Date 11/30/2004	a. Applicant 26			b. Project	STATE CLEARING HOUS	
15. ESTIMATED FUNDI	NG:	I	16. IS APPLIC	ATION SUBJECT TO RE	EVIEW BY STATE EXECUT	IVE ORDER 12372 PROCESS	
a. Federal		6,633,915.	u. , ,	HIS PREAPPLICATION/A E ORDER 12372 PROCE		AVAILABLE TO THE STATE	
b. Applicant		0.0	00	NTE 08/01/2003			
c. State		9,206,724.6	00 b. NO.	✓ PROGRAM IS N	OT COVERED BY E.O. 123	72	
d. Local		4,246,330.	00		HAS NOT BEEN SELECTED		
e. Other		748,855.0	00				
f. Program Income		14,273,715.0	00 17. IS APPLICA	ATION DELINQUENT ON	ANY FEDERAL DEBT?		
g. TOTAL		35,109,539.0				No	
18. TO THE BEST OF MY AUTHORIZED BY THE Grant Gr	OVERNING BODY ( orized Representat	OF THE APPLICANT	A IN THIS APPLICATI AND THE APPLICAN	ON/PREAPPLICATION A T WILL COMPLY WITH T b. Title CEO	ARE TRUE AND CORRECT, THE ATTACHED ASSURAN	THE DOCUMENT HAS BEEN DULY CES IF THE ASSISTACE IS AWARDED. c. Telephone Number 818-898-1388 e. Date Signed	
Electronically Sigr	ned by: Kimberl	y Wyard				8/1/2003	

AND THE STATE OF T		•		
APPLICATION FOR				OMB Approval No. 0348-004
FEDERAL ASSISTAN	CF "	2. DATE SUBMITTED		Applicant Identifier
I EDENAL AGGIGIAN	<b>-</b>	June 16,	2003	54-71860 Cutler-Orosi
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application F	Preapplication			
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	☐ Non-Construction			
5. APPLICANT INFORMATION			Oinstinged I beits	
Legal Name:			Organizational Unit:	
Cutler-Orosi	Toint Unified	d School Dis	Name and telephone	district number of person to be contacted on matters involvir
Address (give city, county, State, a			this application (give a	
41855 Road	1 1 1 1 1	GEIVE		·
Orosi, CA	93647			ehrli 559-528-6949
6. EMPLOYER IDENTIFICATION	NUMBER (EIN)		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
77-0565	3 2 6	AUO 0 0000		H.
		AUG - 8 2003	A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of Higher Learning     Private University
New	☐ Continuation	Revision	C. Municipal	K. Indian Tribe
322	STALL	s CHSARING HO	E Interstate	L. Individual
If Revision, enter appropriate letter	r(s) in box(es)		F. Intermunicipal	M. Profit Organization
A. Increase Award B. Decre	ease Award C. Increas	e Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other(sp			uj t	
B. Besiedes Bardieri			9. NAME OF FEDERA	AL AGENCY:
		•		
			USDA Re	development- Rural
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
10. 0/1/200 01 1 2 2 2 2 2 2				
		10 766	Computer	building for Family
TITLE: Communit	tv Facilitie	<u>s                                      </u>	Education	on Center
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, St.	ates, etc.):		
Orosi, Cutler,				•
13. PROPOSED PROJECT	14. CONGRESSIONAL D	STRICTS OF:		
E. J. D. J. Doto	- Annlicant		b. Project	
	a. Applicant 21st		21st	
9/03 12/03 15. ESTIMATED FUNDING:	ZISL			SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 PF	
a. Federal	\$	.00		
a. i euciai	25.	135		APPLICATION/APPLICATION WAS MADE
b Applicant	\$	1. 5 5 00	AVAILABLI	E TO THE STATE EXECUTIVE ORDER 12372

PROCESS FOR REVIEW ON: 20,565 00 c. State DATE <u>June 16, 200</u>3 00 \$ d. Local b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE 00 \$ e. Other FOR REVIEW 00 f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. **⋈** No 45,700 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number b. Title a. Type Name of Authorized Representative 559-528-4763 e. Date Signed

June 16.

2003 Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

Frank N. Murphy d. Signature of Authorized Representative

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APPLICATION FOR			•	OMB Approval No	o. 0348-004
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED	03	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication				
✓ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name: م			Organizational Unit:		
Address (give city, county, State,	RE COUNTY MEN	DRIAL DISTAIL	<u> </u>	number of person to be contacted on matt	
P.O. BOX 10148, E		,	this application (give a	rea code)	
	93219	Q1481 N B	DOE PILE	HETRIDGE 599-757-	3870
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):	6 6 V B	7 TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
94-6024	065		A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:		AUG - 8 2003	BCounty	I. State Controlled Institution of Higher Le	earning
New	☐ Continuation	Revision	C. Municipal	J. Private University	
If Revision, enter appropriate lette	or(a) in boy(as)		D. Township	K. Indian Tribe L. Individual	
Revision, enter appropriate lette	er(s) in box(es)	: (LEARING H	E. Intermunicipal	M. Profit Organization	
	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(s	вреспу).		9. NAME OF FEDERA	AL AGENCY:	
			USDA RU	TRAL DEVELOPMENT	-
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:	
_		10-766	REPLAC	E HVAC SYSTEN	1
TITLE: COMMUNITY  12. AREAS AFFECTED BY PRO	FACILITIES COUNTIES Sta	AND GRANTS	TIPTO	N MEMORIAL BLDG	Ô.
TIPTON, TOLAK		6A			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF: Dev	in Nunes		
Start Date Ending Date	a. Applicant		b. Project	20	
OCT, 2003 BEST, 2004	20			<i>20</i>	011711/15
15. ESTIMATED FUNDING:			ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXEC OCESS?	ZULIVE
a. Federal	\$ (0).	oon ."	- VEC THE DDEA	DDI ICATIONI/ADDI ICATIONI WAS MADE	=
b. Applicant	\$ 700	200 · · · · · · · · · · · · · · · · · ·	AVAILABLE	PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 1:	
c. State	\$	.00		FOR REVIEW ON:	
d. Local	\$	00	DATE <i>4</i>	4/14/05	
e. Other	\$	our Care Charless. .00		M IS NOT COVERED BY E. O. 12372  BRAM HAS NOT BEEN SELECTED BY S	TATE
f. Program Income	\$	00	FOR REV		
TOTAL		00	17. IS THE APPLICAN	IT DELINQUENT ON ANY FEDERAL DE	:BT?
g. TOTAL	\$ 80,0	000			No
	AUTHORIZED BY THE GO	VERNING BODY OF TH		ION ARE TRUE AND CORRECT, THE IE APPLICANT WILL COMPLY WITH TH	łE
a. Type Name of Authorized Repo		b. Title	0	c. Telephone Number	
Joe Ray McPhe d. Signature of Authorized Repres		DIRECT	OR	e, Date Signed	
Line Kall MID	The bridge		· .	6/13/03	
Previous Edition Visable Authorized for Local Reproduction				Standard Form 424 (Rev. 7-97 Prescribed by OMB Circular A-	

APPLICAT	TION FOR		•	OMB Approval No. 0348-00
FEDERAL	ASSISTA	NCE	2. DATE SUBMITTED	Applicant Identifier
4 TYPE OF CU	DIMECION.	1	June 16, 2003 3. DATE RECEIVED BY STATE	Chata Ameliandian Identifica
1. TYPE OF SU Application	BMISSION:	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
Construc	tion	Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
☐ Non-Cons	struction	☐ Non-Construction		
5. APPLICANT	INFORMATION			
Legal Name:			Organizational Unit:	
Earl1 Address (give cit		ementary Scho		number of person to be contacted on matters involving
	•		this application (give	·
		er Streets G		illo 661-849-4241
		11-21		
		NUMBER (EW):	- 8 2003 7. TYPE OF APPLIC	ANT: (enter appropriate letter in box)
9 4 —	2 1 9 1	9 0 6 AUG	A. State	H. Independent School Dist.
8. TYPE OF APP	PLICATION:		B. County	State Controlled Institution of Higher Learning
	₩ New	Continuation 1	EARTHRE ISTORIUSE C. Municipal	J. Private University
ve			D. TOWNSHIP	K. Indian Tribe
If Revision, enter	appropriate lette	er(s) in box(es)	E. Interstate	L. Individual
A. Increase Aw	ard B Deci	ease Award C. Increas	F. Intermunicipal e Duration G. Special District	M. Profit Organization  N. Other (Specify)
	uration Other(s		C. Opedai District	N. Other (Opedity)
	,		9. NAME OF FEDER	AL AGENCY:
			USDA Rura	al Development
10. CATALOG C	F FEDERAL DO	MESTIC ASSISTANCE N	UMBER: 11. DESCRIPTIVE T	TLE OF APPLICANT'S PROJECT:
			10 - 766 Restroom	n modernization of
TITI F	Communit	y Facilities	elementa	ary school
12. AREAS AFF	ECTED BY PRO	JECT (Cities, Counties, Sta	ntes, etc.):	
Farlima	rt Sahor	1 District	Tulare County	
	~			
13. PROPOSED	PROJECT	14. CONGRESSIONAL DI	stricts of: Devin Nunes, Di	strict #21
Start Date	Ending Date	a. Applicant	b. Project Mode	rnization Project of Restrooms
6/03	9/03	Earlimart Eleme		arlimart Elementary School
15. ESTIMATED	FUNDING:			SUBJECT TO REVIEW BY STATE EXECUTIVE
***************************************			ORDER 12372 P	ROCESS?
a. Federal		\$ 38,5	•	ADDI ICATIONIADDI ICATIONI MAS MADE
b. Applicant		\$ 38,3	20	APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372
		188,5		FOR REVIEW ON:
c. State		\$	. 00	
		223,0		<u> Iune 16, 20</u> 03
d. Local	1	\$	, b No. II DDOCD	AM IS NOT COVERED BY F. O. 19979
e. Other		\$	00	AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE
J. Jaioi		*	FOR RE	•
. Program Incom	e	\$	.00	
			17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
		\$	.00	
g. TOTAL	1	450,0	∩∩   ∐ Yes If "Yes,"	attach an explanation.

DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative c. Telephone Number Roger Trujillo
d. Signature of Authorized Representative
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Authorized for Local Reproduction 661-849-4241 e. Date Signed Superintendent June 16, 2003

**APPLICATION FOR** 

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED August	8 2003	Applicant Identifier	ACCOUNTS OF THE PARTY OF THE PA
	T				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	YSTATE	State Application Identifier	
Application Construction	Preapplication Construction			<u> </u>	
Non-Construction	Non-Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Unit:		
Alameda County Co	mmunity Food Ban	k		lvocacy and Outreac	h Department
Address (give city, county, State				number of person to be contact	
PO Bxo 24590	TO E G E	N V E M	this application (give a	•	
	IN E U L		Jessica Barth	olow, Director of Edu	ication,
Oakland, CA 94623				Outreach (510) 834-	
6. EMPLOYER IDENTIFICATIO		8 2000 111	7. TYPE OF APPLICA	NT: (enter appropriate letter in	box)
9 4 - 2 9 6 0	2 9 7 AUG	0 200			n
9 TYPE OF APPLICATION			A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:	ATTATE OF TO	TOUCHOUSE	B. County	I. State Controlled Institution o	f Higher Learning
☑ Nev	v Dicontinuation A	Revision E	C. Municipal D. Township	J. Private University K. Indian Tribe	
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual	
			F. Intermunicipal	M. Profit Organization	
A. Increase Award 8. Dec	rease Award C. Increase	Duration	G. Special District		e NPO
D. Decrease Duration Other(	specify):			(	AND THE STREET, STREET
			9. NAME OF FEDERA	L AGENCY:	
			DHHS ACF/OCS	<b>;</b>	
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJE	CT:
		9 3 - 5 7 1	Summer Lunch C		
TITLE: Community	Food and Nutrition Pro	oram		•	
12. AREAS AFFECTED BY PRO			CFNP General Pr	rojects Priority Area 1.0	
	County, Californi				
1	,		}		
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
9/30/03 9/30/04	. 9			9, 10, 11 and 13	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY ST	ATE EXECUTIVE
***************************************			ORDER 12372 PR	OCESS?	
a. Federal	\$	00 ED 000			
		50,000		PPLICATION/APPLICATION W	
b. Applicant	\$	4,000 <sup>™</sup>		TO THE STATE EXECUTIVE	ORDER 12372
c. State	\$	4,000	PROCESS F	FOR REVIEW ON:	
C. Siale	<b>Φ</b>	•	DATE 8/	'8/03	
d. Local	\$	00	DATE		
		•	b. No. PROGRAI	M IS NOT COVERED BY E. O.	12372
e. Other	\$	,00		RAM HAS NOT BEEN SELECT	
		8,000	FOR REVI		
f. Program Income	\$	00			
			17. IS THE APPLICAN	T DELINQUENT ON ANY FED	ERAL DEBT?
g. TOTAL	\$	62,000 <sup>∞</sup>	Yes If "Yes," a	ttach an explanation.	☑ No
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF, ALL	DATA IN THIS APPLICA	TION/PREAPPLICATI	ON ARE TRUE AND CORREC	T. THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GOV	ERNING BODY OF THE	APPLICANT AND THE	E APPLICANT WILL COMPLY	WITH THE
ATTACHED ASSURANCES IF T	HE ASSISTANCE IS AWAR	RDED.		<del></del>	· · · · · · · · · · · · · · · · · · ·
a. Type Name of Authorized Repr		b. Title		c. Telephone Number	
Suzan W. Bateson		Executive Director		(501) 834-3663	and the second second
d. Signalure of Agihorized Repres			-	e. Date Signed	
X/// PO 000	$\sim$			USI 08/03	
Previous Edition Usable				Standard Form 424 (	Pay 7-07)

APPLICATION FOR					7 (pprovac 100 to 10 to 10
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED August 8, 2003		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
✓ Non-Construction	✓ Non-Construction				
5. APPLICANT INFORMATION					
Legal Name: FoodLink for Tulare			A	ulare County, Inc.	
Address (give city, county, State	e, and zip code):	GEIVE		number of person to be conta	cted on matters involving
7427 W. Sunnyview Visalia, CA 93291		<u> </u>	this application (give at Sandy Beals,	rea code) (559) 651-3663	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN)	AUG 8 2000	7. TYPE OF APPLICA	NT: (enter appropriate letter	in box)
9 4 2 5 5 8	The state of the s		A. State	H. Independent School Dist.	N
8. TYPE OF APPLICATION:	CTATE	CLEVEING HU	B: County	I. State Controlled Institution	of Higher Learning
<b>☑</b> Ne	w Continuation	Revision	C. Municipal	J. Private University	
<u></u>			D. Township	K. Indian Tribe	
f Revision, enter appropriate le	ter(s) in box(es)		E. Interstate	L. Individual	
	L		F. Intermunicipal	M. Profit Organization	nnrofit
	crease Award C. Increase (specify):	e Duration	G. Special District	,,,	onprofit
			9. NAME OF FEDERA		- 000
40. CATALOG OF FEDERAL F	OMESTIC ASSISTANCE N	IMPED.		ealth & Human Service:	
10. CATALOG OF FEDERAL D	r		II. DESCRIPTIVE III	LE UF AFFLICANT 3 FROM	COT.
		9 3 - 5 7 1	Mobile Nutrition S	Services	
TITLE: Community	Food and Nutrition Pro	naram			
12. AREAS AFFECTED BY PR					
Tulare County, California	•	neo, etely.			
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
11/1/03 10/31/04	District 21	l: Nunes		District 21: Nunes	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY	STATE EXECUTIVE
a. Federal	\$	00	****		
3.1. 53512.	•	50,000`	a. YES. THIS PREA	APPLICATION/APPLICATION	I WAS MADE
b. Applicant	\$	.00		TO THE STATE EXECUTIVE FOR REVIEW ON:	'E ORDER 12372
c. State	\$	.00	DATE	08/08/03	
d. Local	\$	,00		MIS NOT COVERED BY E.	
e. Other	\$	.00	☐ OR PROC FOR REV	GRAM HAS NOT BEEN SELE TIEW	ECTED BY STATE
f. Program Income	\$	.00	17. IS THE APPLICAT	NT DELINQUENT ON ANY F	EDERAL DEBT?
g. TOTAL	\$	50,000	┪	attach an explanation.	<b>☑</b> No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DUL					
ATTACHED ASSURANCES IF					
a. Type Name of Authorized Re	······································	b. Title		c. Telephone Number	
Sandy Beals		Executive Director		(559) 651-3663	
d. Signature of Authorized Repr	esentative			e. Date Signed	

Aug 08 03 03:52p Juan M. nitez

ATTN: Shella Grants Condother

State Classificate

Other of Russyrkian

APPLICATION FOR				OMB A	pproval No. 0348-0043
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED		Applicant Identifier	
		Aug. 6, 200			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication Construction	A DATE BEOFILES DI			
✓ Non-Construction	Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION	<u> </u>			<u> </u>	
Legal Name:			Organizațional Unit:		
Initiating Change	in Our Neighbor	fnoods CDCV			
Address (give city, county, State,	1 1 11 11	9 L3 U V L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	number of person to be contact	ed on matters involving
12502 Van Nuys Bl	vd. Paddima, CA	91331	this application (give a	rea code)	
Ste. 114		JIG 8 2008	Juan M. Beni	tez (310) 213 <b>-</b> 92	252
6. EMPLOYER IDENTIFICATION	NUMBER (EIN)	itan O Marc	7. TYPE OF APPLICA	NT: (enter appropriate letter in	box)
95 - 4871	106			, ,, .	M
8. TYPE OF APPLICATION:		OF THE SHOELD	A. State	H. Independent School Dist.	
	_   STAIL	UL <u>tanınıa fil</u>	B. County	I. State Controlled Institution of	of Higher Learning
New New	Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe	
ff Revision, enter appropriate lette	er(s) in box(es)		'	L. Individual	
			F. Intermunicipal	M. Profit Organization	
	ease Award C. Increase specify):	Duration	G. Special District	N. Other (Specify)	
D. Decrease Duranon Oneigs	респу).		9. NAME OF FEDERA	L AGENCY:	
			DHHS-ACF/OC	`S	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	MBER:		LE OF APPLICANT'S PROJE	CT.
		93-570	, , , , , , , , , , , , , , , , , , ,	EL OI AITEIOAIT, OT NOOL	.01.
		3131 1217111	Pacoima Comm	.Econ Dev. Projec	ct
12. AREAS AFFECTED BY PRO	on. Dev. Prog.		Priority Are	ea 5	
Pacoima, city of		· ·			
racollia, city of	L.A., L.A. Coul	cy, wa			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
9/30/03 9/29/04	28th District	•	28th Distri	.ct	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY ST	ATE EXECUTIVE
			ORDER 12372 PR	OCESS?	
a. Federal	\$ 75,00	)O			
b. Applicant	\$	<b>∞</b> −−		PPLICATION/APPLICATION V TO THE STATE EXECUTIVE	
	0	,		FOR REVIEW ON:	UNDER 12372
c. State	\$	.00			
	0	00	DATE <u>A</u> 1	<u>18.6, 2003.</u>	
d. Local	9,900				4000
e. Other	\$	00		M IS NOT COVERED BY E. O RAM HAS NOT BEEN SELEC	
	33,21	0 .	FOR REVI		TEODI SIRIL
f. Program Income	\$	.00			
TOTAL	0	90	17, IS THE APPLICAN	T DELINQUENT ON ANY FE	DERAL DEBT?
g. TOTAL	\$ 118,11°		Yes If "Yes," a	ttach an explanation.	<b>€</b> No
18. TO THE BEST OF MY KNOW			TION/PREAPPLICATI	ON ARE TRUE AND CORRE	CT. THE
DOCUMENT HAS BEEN DULY A	AUTHORIZED BY THE GOV	ERNING BODY OF THE	APPLICANT AND TH	E APPLICANT WILL COMPLY	Y WITH THE
ATTACHED ASSURANCES IF T	HE ASSISTANCE IS AWAR	DED.	·		
a. Type Name of Authorized Repre		o.TiWe President & CE	·n	c:Telephone Number (310) 213-9252	
Juan M. Benitez		TESTUELL & CE			
1 mas	ymanto			e. Date Signed	
Previous Edition Usable				Aug 6, 2003 Standard Form 424	(Rev. 7-97)
Authorized for Local Reproduction				Prescribed by OMB	•

<b>APPLICATION FOR</b>				OMB A	Approval No. 0348-0043
FEDERAL ASSISTA	NÇE	2. DATE SUBMITTED 08/11/03		Applicant Identifier 8P20	
1. TYPE OF SUBMISSION:	_	3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction  5. APPLICANT INFORMATION	Non-Construction				
Legal Name: Silicon Valley Econom	ic Development Corp	oration	Organizational Unit:		
Address (give city, county, State 1155 North First Street, San Jose, CA 95112			Name and telephone r this application (give a	number of person to be contac rea code) Consuelo Santo: 408,298,8455	
6. EMPLOYER IDENTIFICATION  9 4 - 2 7 1 1  8. TYPE OF APPLICATION:	8 5 1 STAT	E CLEARING HO	A. State B. Egunty	NT: (enter appropriate letter in  H. Independent School Dist, I. State Controlled Institution J. Private University	N
If Revision, enter appropriate let		Revision	C. Municipal D. Township E. Interstate	K. Indian Tribe L. Individual	
A. Increase Award B. Dec		e Duration	F. Intermunicipal G. Spedal District	M. Profit Organization N. Other (Specify) NPC	<u> </u>
D. Decrease Duranon Chief			9. NAME OF FEDERA	AL AGENCY: DHHS-ACF/OCS	
12 AREAS AFFECTED BY PR	ty Economic Developr	9 3 — 5 7 0  nent Program  ates, etc.):		ance for Micro-Enteority Area 1. CEDP	
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:			
Start Date	a, Applicant			, 15, 16	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PF	SUBJECT TO REVIEW BY S	TATE EXECUTIVE
a. Federal	\$	483,758	a. YES, THIS PRE	APPLICATION/APPLICATION	
b. Applicant	\$	179,098		E TO THE STATE EXECUTIVE FOR REVIEW ON:	E OHDEH 123/2
c. State	\$	00 **	DATE	08/11/03	
d. Local	\$	269,053		AM IS NOT COVERED BY E. I	
e. Other	\$	00.**	FOR REV		CIED BY STATE
f, Program Income	\$	00 .00	17. IS THE APPLICA	NT DELINQUENT ON ANY F	EDERAL DEBT?
g. TOTAL	\$	931,909		ettach an explanation.	⊠ No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE G	OVERNING BODY OF TH			
a. Type Name of Authorized Re Consuelo Santos-Killin	presentative	b. Tide President & CE	0	c. Telephone Number 408.298.8455	
d. Signature of Authorized Report		ins		e. Date Signed 08/08/03	
	77777			Standard Form 40	24 (Pay 7-07)

Prescribed by OMB Circular A-102

<b>APPLICATION FOR</b>	<b>?</b>			OMB	Approval No. 0348-00
FEDERAL ASSISTA	ANCE	2. DATE SUBMITTED August	8, 2003	Applicant Identifier	
1. TYPE OF SUBMISSION:  Application  Construction	Preapplication Construction	3. DATE RECEIVED B		State Application Identifier	
Non-Construction  5. APPLICANT INFORMATIO	Non-Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
	Development Corpo	oration	Organizational Unit: Economic De		
Address (give city, county, Stat	te, and zip code):			number of person to be contact	cted on matters involvi
13103 S. Stanford Los Angeles, CA 90	11 1 17 117	BEIVE	this application (give a	n (323) 321-4680	
6. EMPLOYER IDENTIFICATION:  0 1 — 0 6 3  8. TYPE OF APPLICATION:	ON NUMBER (#(N))	0.000	A State B. County C. Municipal	ANT: (enter appropriate letter in H. Independent School Dist. I. State Controlled Institution J. Private University	N
if Revision, enter appropriate le  A. Increase Award B. De	etter(s) in box(es)STATEI	CLEARING HOL	P. Township E. Interstate F. Intermunicipal G. Special District	K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	n profit
U. Decrease Duration Othe	r(specify):		9. NAME OF FEDERA	AL AGENCY:	
0. CATALOG OF FEDERAL I			DHHS-ACF/OCS	i	
TITLE: CSBG Disc 2. AREAS AFFECTED BY PR Los Angeles, Los Angele	retionary Grant	9 3 — 5 7 0 les, etc.):	Planning Project Priority Area 5	(PP)	
3. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:	I		
tart Date Ending Date 10/1/03 9/30/04	a. Applicant Congressional	District 37	b. Project	Congressional District 37	7
5. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY S OCESS?	TATE EXECUTIVE
. Federal	\$	75,000	A VEC THE PREA	DOLICATION/ADDLICATION	1010 D 110 D 5
. Applicant	\$	00	AVAILABLE	PPLICATION/APPLICATION TO THE STATE EXECUTIVEFOR REVIEW ON:	
. State	\$	.00	DATE	08/08/03	
. Local	\$	.00	b. No. PROGRA	M IS NOT COVERED BY E. C	). 12372
. Other	\$	.00	OR PROG FOR REVI	RAM HAS NOT BEEN SELEC	CTED BY STATE
Program Income	\$	.00	17 IS THE APPLICAN	T DELINQUENT ON ANY FE	DEDAL DERTO
TOTAL	\$	75,000		ttach an explanation.	Ø No
B. TO THE BEST OF MY KNO OCUMENT HAS BEEN DULY STTACHED ASSURANCES IF	' AUTHORIZED BY THE GOV	ERNING BODY OF THE	ATION/PREAPPLICATI E APPLICANT AND TH	ON ARE TRUE AND CORRE E APPLICANT WILL COMPL	CT, THE Y WITH THE
Type Name of Authorized Rep Ben Robinson	presentative t	o. Title Executive Director		c. Telephone Number (323) 321-4680	V.
. Signature of Authorized Repre	esentative			e. Date Signed	

UDS Number: 099480

APPLICATION A		^=	2. DATE SUBMITTED		Applicant Identifier		
FEDERAL A		JE					
1. TYPE OF SUBMISSION Application	;	application	3. DATE RECEIVED BY	YSTATE	State Applicationt Identifier		
Construction	:	Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier		
Non-Construction	: =	Non-Construction			H80CS008		
5. APPLICANT INFORM							
Legal Name: WATTS HEALT	HCARE COL	POPATION		Organizational Unit:			
Address (give city, county				Name and telephone number of	the person to be contacted on matters involving		
		,		this	the parent to be contacted on the note in the ning		
10300 SOUTH C	OMPTON AL			William D. Hobson	President & CEO		
LOS ANGELES	CA	90002-3628		323-568-4417			
6. EMPLOYER IDENTIF 1753046480A1	ICATION NUMBER	R (EIN):		7. TYPE OF APPLICANT: (e)	IN		
8. TYPE OF APPLICATION	ON:			A. State B. County	H. Independent School Dist I. State Controlled Institution of Higher		
	☐ New	Continuation	Revision	C. Municipal D. Township	Learning J. Private University		
If Revision, enter appropri			7	E. Interstate	K. Indian Tribe		
A. Increase Award			ncrease	F. Intermunicipal	L. Individual Other: Public Non-Profit (Specify) —		
D. Decrease Duration	Other (sp	pecify): Dura	ation	9. NAME OF FEDERAL AGE HHS, BPHC	NCY:		
10. CATALOG OF FEDI	ERAL DOMESTIC	ASSISTANCE NUMB	FR·	11. DESCRIPTIVE TITLE OF	APPI ICANT'S PROJECT		
	COMMUNITY HEA				enter provideing preventive, primary and		
				specialty care service	s to the medically under-served population of		
				Central and South Los	s Angeles.		
12. AREAS AFFECTED	·	cities, counties, states,					
County of Los Ar	ngeles, Cities	of L .A., Comptor	n, Lynwood				
13. PROPOSED PROJE	CT:	14. CONGRESSI	ONAL DISTRICTS O	<u> </u>			
Start Date	Ending Date	a. Applicant		b. F	Project		
12/01/2003	11/30/2004	37		3	3, 35, 37		
15. ESTIMATED FUNDI	NG.		16 IS APPLICA	ATION SUBJECT TO PEVIEW F	BY STATE EXECUTIVE ORDER 12372 PROCES		
a. Federal			10. 13 AFFEICA	ATION GODDEOT TO REVIEW D	TOTALE EXCOUNT ONDER 12572 PRODES		
a occiai	\$5,800,	000.00		HIS PREAPPLICATION/APPLICA CORDER 12372 PROCESS FOR	TION WAS MADE AVAILABLE TO THE STATE		
b. Applicant	\$174,5°	17.00		NATE 07/30/2003			
- 01-1-	*						
c. State	\$2,677,	616.00	b.	T DROCENALIS NOT COVE	DED BY E O. 12272		
d. Local	\$3,080,	605.00	NO.	OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW			
	Ψ0,000,						
e. Other	\$280,00	00.00			·		
f. Program Income	\$13,885	5,128.00	17. IS APPLICA	TION DELINQUENT ON ANY F	EDERAL DEBT?		
g. TOTAL	\$25,897	7,866.00	YES	if "Yes", attach an	explanatio V NO		
18. TO THE BEST OF MY	KNOWLEDGE A	ND BELIEF, ALL DAT	A IN THIS APPLICATION	/PREAPPLICATION ARE TRU	E AND CORRECT, THE DOCUMENT HAS BEEN DULY		
a. Typed Name of Auth	OVERNING BODY orized Representa	OF THE APPLICANT	AND THE APPLICANT V	WILL COMPLY WITH THE ATT	ACHED ASSURANCES IF THE ASSISTACE IS AWARDED.  c. Telephone Number		
William D. Hobs	on			President & CEO	323-568-4417		
d. Signature of Authori	zed Represetative		-		e. Date Signed		
				DEGE			
* 3			į				
				1.31			
					7 <sub>2003</sub>    U		
			1	∐∐ AUG 7			
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				STATE CLEAR	INC HOUSE		
			Ĺ	OIVIT OFFWI	IIIVU IIUUSL		

OMB Approval No. 0348-0043

PPLICATION FOR			n Port	OMB Approval No. USAG-OW
EDERAL ASSISTA	NCE	2. DATE SUBMITTED August 7		Applicant Identifier
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication		PROPERTY AND	Federal Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	regelarice inner
Non-Construction	Non-Construction			
APPLICANT INFORMATION  gai Name:			Organizational Unit:	
aith Based Commu	inity Development	Corporation		
Idress (give city, county, State	, and zip code):			number of person to be contacted on matters involvi
20 Mission Avenue	Francisco [7]	GENVE	This application (give a Daniel Scott-(	760) 435-0600
Oceanside, CA 9205	4 6	G E I V B		
EMPLOYER IDENTIFICATIO	N NUMBER (EVA):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
3 3 - 0 8 2 6		AUG 7 2003		H. Independent School Dist.
		100 / 200	A State  B. County	I. State Controlled Institution of Higher Learning
TYPE OF APPLICATION:			6. Municipal	J. Private University
<b>☑</b> Ne≀	w Continuation	CI PARTISION HOL	SD. Township	K. Indian Tribe
Revision, enter appropriate let	tter(s) in box(es)	V 8 - 5-1 13 13 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	E. Interstate	L. Individual
- / * 100 t/k	Aurice.	الــــا	F. Intermunicipal	M. Profit Organization N. Other (Specify) Non Profit CDC
A. Increase Award B. De	crease Award C. Increas	e Duration	G. Spedal District	N. Other (Spedity)
D. Decrease Duration Other	(specify):		9. NAME OF FEDER	AL AGENCY:
			DHHS-ACF-OCS	
			44 DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
CATALOG OF FEDERAL	DOMESTIC ASSISTANCE N			TEL OF ALL CONTROL OF THE SECOND SECO
		9 3 - 5 7 0	Priority Area 4	
TITLE: CSBG DIS	c			
2. AREAS AFFECTED BY PR	ROJECT (Cities, Counties, St	tates, etc.):		
Oceanside/Escondido/N			}	
3. PROPOSED PROJECT	14. CONGRESSIONAL D			
tart Date   Ending Date	a. Applicant		b. Project	
10/1/03 9/30/06		18		48 & 51
5. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STATE EXECUTIVE
		(i)	ORDER 12372 P	ROCESS?
, Federal	\$	350.000	S YES THIS PRE	EAPPLICATION/APPLICATION WAS MADE
		00	AVAILABL	E TO THE STATE EXECUTIVE ORDER 12372
. Applicant	\$	120,000		FOR REVIEW ON:
: State	\$	00	7	08/07/03
		00	DATE	
d. Local	\$		b. No. PROGE	RAM IS NOT COVERED BY E. O. 12372
		00	OR PRO	OGRAM HAS NOT BEEN SELECTED BY STATE
e. Other	\$	550,000	FOR RE	
F. Program Income	\$	.00		ANT DELINQUENT ON ANY FEDERAL DEBT?
, Program monie		00	<del></del>	<del></del>
9. TOTAL	\$	1 020 000	-	attach an explanation. No
18. TO THE BEST OF MY KN	IOWLEDGE AND BELIEF,	ALL DATA IN THIS APPL	ICATION/PREAPPLIC	ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
DOCUMENT HAS BEEN DU	LY AUTHORIZED BY THE	COAFMING BODI OF	THE APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES	IF THE ASSISTANCE IS A	WANT CHELL	a company that the second	c. Telephone Number
a. Type Name of Authorized F	Representative	b. Title Executive Directo	10	(760) 435-0600
Daniel Scott	Scontative	The state of the s	Transports own part ( March 1990 - Annalys 15 - 1 September 1991 - 1 S	e. Date Signed
d. Signature of Authorized Re	prosentative		The second section and regions as a second section of	Standard Form 424 (Rev. 7-97)
Previous Edition Usable	75-	71.		Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102
Authorized for Local Reprodu	c <b>ijo</b> n			Paicait Anen
2001012000	/			tuchty to lea

Painty Anon 4 IDP

APPLICATION FOR FEDERAL ASSISTA		2. DATE SUBMITTED		Applicant Identifier
FEDERAL ASSISTA	NCE	July 22	, 2003	N/A
1, TYPE OF SUBMISSION:	Prespplication	3. DATE RECEIVED BY	STATE	State Application Identifier SAI-EXEMPT
Application Construction Non-Construction	Construction  Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 06-01498
5. APPLICANT INFORMATION				
Legal Name: California - Department	of Parks and Recreation	on ·	Organizational Unit: California Depart	tment of Parks and Recreation
Address (give city, county, State		- 5 mm F2 F		number of person to be contacted on matters involving
Post Office Box 942896 Sacramento 3150 S	acramento] 067	EIVE	this application (give a Charlie Willard (916) 651-8597	rea code)
6. EMPLOYER IDENTIFICATION	NI NI MOCDI/ENVI-	G 5 2003		ANT: (enter appropriate letter in box)
	AU METER AU	6 3 200	A State	H. Independent School Dist.
B. TYPE OF APPLICATION:	The state of the s	110110111	B County	I. State Controlled Institution of Higher Learning
₩ Ne	w Continuation	Revision	C. Municipal	J. Private University
	The second secon	The second section of the sect	D. Township E. Interstate	K. Indian Tribe L. Individual
If Revision, enter appropriate le	mer(s) in pox(es)		F. Intermunicipal	M. Profit Organization
A. Increase Award B. De	crease Award C. Increas	se Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other	r(specify);		9. NAME OF FEDERA	AL AGENCY:
			Department of th	e Interior
			National Park Se	rvice - Western Region 1443
10. CATALOG OF FEDERAL	OMESTIC ASSISTANCE N	IUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
		15-916	Vallecito Ranch	Acquisition
TITLE: Outdoor Rec	reation - Acquisition, Dev	relopment & Planning		tment of Parks and Recreation
12. AREAS AFFECTED BY PF			One Capitol Mall Sacramento, CA	
06- 07596			Sacramento, OA	. 33014
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:		
Start Date Ending Date	a. Applicant	03	b. Project	52
7/1/03 6/30/06 15. ESTIMATED FUNDING:		/3	16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
TO. ESTABLICO PORDING.			ORDER 12372 P	
a. Federal	\$	750,000	(a. YES) THIS PRE	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$	0.050.000	AVAILABL	É TO THE STATE EXECUTIVE ORDER 12372
c. State	\$	3,250,000	PROCESS	FOR REVIEW ON:
L. Glate			DATE	8/4/03
d. Local	\$	.06	b. No. ☐ PROGR	AM IS NOT COVERED BY É. O. 12372
e. Other	\$	00,	[☑ OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	\$	(3)	FOR RE	VIEVV
		100	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	4,000,000		attach an explanation.
18. TO THE BEST OF MY KNO	OWLEDGE AND BELIEF, A	LL DATA IN THIS APPLIC	CATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II			TE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Re		b. Title		c. Telephone Number
Ruth Coleman		Director, Parks an	d Recreation	(916) 653-7423 e, Date \$Igned
d. Signature of Authorized Rep				8/4/13
Previous Edition Usable				Standard Form 424 (Rev. 7-97)
Authorized for Local Reproduct	іоп			Prescribed by OMB Circular A-102

APPLICATION FOR				OME	3 Approval No. 0348-00
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED August 11, 2003		Applicant Identifier	
1. TYPE OF SUBMISSION:  Application Construction	Preapplication Construction	3. DATE RECEIVED B		State Application Identifier	
Non-Construction  APPLICANT INFORMATION	Non-Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
egal Name: Vista Community Cli ddress (give city, county, State		EOVE	Organizational Unit: Health Promo		
1000 Vale Terrace Vista, CA 92084		5 2003	hls application (give a   Barbara Mani	nino (760) 631-500 	0 x 4
EMPLOYER IDENTIFICATION  9 5 - 2 8 1 5  TYPE OF APPLICATION:  New	6 1 5 STATE CL	EARING HOUS  Revision	7. TYPE OF APPLICATION OF APPLICATIO	ANT: (enter appropriate letter H. Independent School Dist I. State Controlled Institutio J. Private University K. Indian Tribe L. Individuat M. Profit Organization N. Other (Specify) Comm	n of Higher Learning
D. Decrease Duration Other	(specify):		9. NAME OF FEDERA	AL AGENCY:	
. CATALOG OF FEDERAL D			DHHS/ACF/OCS		
TITLE: 2. AREAS AFFECTED BY PRO an Diego County, CA		9 3 - 5 7 1		rLe of AppLicant's pro Healthy Habits) - Comm	
. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
art Date   Ending Date   10/1/03   9/30/04	a. Applicant 48		b. Project	48	
. ESTIMATED FUNDING:	<del></del>		16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY S OCESS?	STATE EXECUTIVE
Federal Applicant	\$	50,000		PPLICATION/APPLICATION	
State	\$	00	✓ PROCESS (	TO THE STATE EXECUTIVE FOR REVIEW ON:	E ORDER 12372
Local	\$	0d	DATE &		
Other	\$	,00	1	M IS NOT COVERED BY E. RAM HAS NOT BEEN SELE EW	
rogram Income	\$	. 00		T DELINQUENT ON ANY F	EDERAL DERTS
TOTAL	\$	50,000	Yes If "Yes," a	ttach an explanation.	Mo
TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY TACHED ASSURANCES IF	AUTHORIZED BY THE GOV	ERNING BODY OF THE	ATION/PREAPPLICATI E APPLICANT AND TH	ON ARE TRUE AND CORR E APPLICANT WILL COMP	ECT, THE LY WITH THE
Type Name of Authorized Repr arbara Mannino	esentative	b. Title Executive Director		c. Telephone Number (760) 631-5000	
Sindature of Authorized Repre	sentative			e. Date Signed 7 130/03	

Previous Edition Usable

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## Application for Federal Education Assistance (ED 424)



## U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information  1. Name and Address,	Organizational Unit
1. Name and Address, Legal Name: LAKE AVENUE COMMUNITY	FOUNDATION
Address: 712 E. VILLA STREETE GE	
PASADENA LILI AUG	4 2003 LOS ANGELES GUDI 1208
, ,	State   County   Code + 4   Code + 4   Code + 4   County   County   Code + 4   Code +
2. Applicant's D-U-N-S Number 1/3/4/3574 08/2/2 3. Applicant's T-I-N 1915 1-148 1417 1916 100	6. Novice Applicant Yes No
3. Applicant's T-I-N [9[5]-[4[8]4[7]9[5]0]	7. Is the applicant delinquent on any Federal debt?YesNo
4. Catalog of Federal Domestic Assistance #: 84. 3 14 1	
Title: COMMUNITY TECHNOLOGY	8. Type of Applicant (Futor annual)
CENTERS PROGRAM	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: ANDY BALES	A - State F - Independent School District B - Local G - Public College or University C - Special District H - Private, Non-profit College or University
Address: 712 E. VILLA STREET	D - Indian Tribe E - Individua!  I - Non-profit Organization J - Private, Profit-Making Organization
PASADENA CK 9/10/-1298  City State Zip code + 4  Tel. #: (626) 449 - 4960 Fex #: (626) 449 - 5030	K - Other (Specify):
Tel. #: (626) 449 - 4960 Fax #: (626) 449 - 5030	
E-Mail Address: ANDYB & LAKE AUE, ORE  Application Information  9. Type of Submission:  -PreApplication  Construction  Non-Construction  Non-Construction  Non-Construction	12. Are any research activities involving human subjects planned at any time during the proposed project period?  Yes (Go to 12a.) No (Go to item 13.)
10. Is application subject to review by Executive Order 12372 process?  Yes (Date made available to the Executive Order 12372 process for review): 7/3//03	12a. Are all the research activities proposed designated to be exempt from the regulations?  Yes (Provide Exemption(s) #):
No (If "No," check appropriate box below.)	No (Provide Assurance #, if available):
Program is not covered by E.O. 12372. Program has not been selected by State for review	13. Descriptive Title of Applicant's Project:
11. Proposed Project Dates: 1/2/64 /2/20/04	LAKE AVENUE COMMUNITY
End Date:	TECHNOLOGY DENTED (11CTO)
Estimated Funding Authorized Representative	Information
State $\frac{36,900}{0.00}$ and the applicant wi	owledge and belief, all data in this preapplication/application are true ament has been duly authorized by the governing body of the applicant ill comply with the attached assurances if the assistance is awarded. tive (Please type or print name clearly.)
e. Other 61K \$ 43,900 .00 b. Title: EXECUT	THE DIRECTOR
1. Program Income \$ 00 c. Tel. #: (426) 444	9-4960 Fax#: (626) 449-5030
at E Mail Add	UDY B @ LAKEAUE, ORG
g. TOTAL \$ 603, 115 . 00 e. Signature of Authoriz	ed Representative
	Date://

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED August	1 2003	Applicant Identifier	CA01942
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application Identi	
Application Construction Non-Construction 5. APPLICANT INFORMATION	Preapplication Construction Non-Construction	N/A  4. DATE RECEIVED BY		Federal Identifier	illet
Legal Name:	_		Organizational Unit:		
City of Los				Local Governm	
Address (give city, county, State 200 N. Spring Street Los Angeles, CA 900	,		this application (give a Roberta M.		
6. EMPLOYER IDENTIFICATIO  9 5 - 6 0 0 0				ANT: (enter appropriate le	C
8. TYPE OF APPLICATION:			A. State B. County	H. Independent School	Dist. tution of Higher Learning
Nev	v	Revision	C. Municipal	J. Private University	duon of Higher Learning
		L Kevision	D. Township	K. Indian Tribe	
If Revision, enter appropriate let	ter(s) in box(es)		E. Interstate	L. Individual	
A. Increase Award B. Dec D. Decrease Duration Other(	crease Award C. Increase	e Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)	
			9. NAME OF FEDERA	AL AGENCY:	
		PONTO CONTRACTOR OF THE PONTO	U.S. Department	of Justice, COPS C	Office
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
COPS Interoperable Communications TITLE: Equipment Grant Program			Los Angeles Police Department Interoperable Communications Technology Project		
12. AREAS AFFECTED BY PRO City of Los Angeles, ar		•	·		RECEIVED
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS 25, 27, 28, 29, 3	STRICTS OF: 30,31,32,33,34,	35,36,37,39,4	46	AUG - 4 2003
Start Date Ending Date 10/1/03 9/30/04	a. Applicant Sam		b. Project		STATE CLEARING HOUS
15. ESTIMATED FUNDING:					BY STATE EXECUTIVE
a. Federal	\$		ORDER 12372 PR		
b. Applicant	\$	2,000,000	AVAILABLE	NPLICATION/APPLICATION/APPLICATION THE STATE EXECTION FOR REVIEW ON:	
c. State	\$	.00	DATE	07/31/03	
d.Local *Applicant	\$	.00		.M IS NOT COVERED B	Y F O 12372
e. Other	\$	.00		GRAM HAS NOT BEEN S	
f. Program Income	\$	.00			
g. TOTAL	\$ 8	,000,000		NT DELINQUENT ON AN attach an explanation.	NY FEDERAL DEBT?  ☑ No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	VLEDGE AND BELIEF, ALL AUTHORIZED BY THE GO' THE ASSISTANCE IS AWA	DATA IN THIS APPLICATION  VERNING BODY OF THE	ATION/PREAPPLICAT E APPLICANT AND TH	ION ARE TRUE AND CO	ORRECT, THE
<ul> <li>Type Name of Authorized Rep James K. Hahn</li> </ul>	resentative	<ul><li>b. Title</li><li>Mayor, City of Los</li></ul>	s Angeles	c. Telephone Number (213) 978-0600	
d. Signature of Authorized Repre	sentetive			e. Date Signed 8/	1/03
Provious/Edition Hachle					

<b>APPLICATION FOR</b>					OMB Approval No. 0348-0043	
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED August	1, 2003	Applicant Identifier		
1. TYPE OF SUBMISSION:	D	3. DATE RECEIVED BY	STATE	State Application Ide	ntifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
Non-Construction	Non-Construction	<u> </u>				
5. APPLICANT INFORMATION			Organizational Unit:			
Legal Name: Community Action Pa		ma County	Diversity Com		e contacted on matters involving	
Address (give city, county, State, 1300 North Dutton Av	/e		this application (give a		e contacted on matters involving	
Santa Rosa, CA 954	01			i, 707 544 691		
6. EMPLOYER IDENTIFICATION	The state of the s		7. TYPE OF APPLICA	NT: (enter appropriat		
94-1648	9 4 9		A. State	H. Independent Scho	pol Dist.	
8. TYPE OF APPLICATION:			B. County	<ol> <li>State Controlled In J. Private University</li> </ol>	stitution of Higher Learning	
<b>∠</b> New	Continuation	Revision	C. Municipal D. Township	K. Indian Tribe		
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual		
			F. Intermunicipal	M. Profit Organizatio	n Comm Action Agev	
7.1.11.0.0000	rease Award C. Increase specify):	e Duration	G. Special District	N. Other (Specify)	omm Action Ago	
D. Decrease Duration Official	specify,		9. NAME OF FEDERA	AL AGENCY:		
manufacture in the state of the			HHS; ACF; Office	e of Community S	Services	
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT	S PROJECT:	
		9 3 — 5 7 0	Diversity paper a	nd video		
TITLE:						
12. AREAS AFFECTED BY PRO		ates, etc.):			RECEIVED	
Sonoma County, Californi	<b>-</b>				AUG - 4 2003	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:				
Start Date	a. Applicant Woo	lsey	b. Project	Woolsey	STATE CLEARING HOU	
15. ESTIMATED FUNDING:	<u> </u>				EW BY STATE EXECUTIVE	
- F-d-d-	¢	00	ORDER 12372 PF	ROCESS?		
a. Federal	\$	7,500		APPLICATION/APPLI	•	
b. Applicant	\$	.00	Į.	E TO THE STATE EXI FOR REVIEW ON:	STATE EXECUTIVE ORDER 12372 IEW ON:	
c. State	\$	.00	DATE	08/01/03	_	
d. Local	\$	.00	b. No. PROGRA	AM IS NOT COVERE	O BY E. O. 12372	
e. Other	\$	.00	OR PROGRAM HAS NOT BEEN SELECTED BY STA		N SELECTED BY STATE	
f. Program Income	\$	.00	17. IS THE APPLICA	NT DELINQUENT ON	ANY FEDERAL DEBT?	
g. TOTAL	\$	7,500	1	attach an explanatio		
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	ATION/PREAPPLICAT	TION ARE TRUE ANI	CORRECT, THE	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF			IE APPLICANT AND TI	HE APPLICANT WILI	L COMPLY WITH THE	
a. Type Name of Authorized Rep	······································	b. Title		c. Telephone Number	ər	
Kai Nissley		Director of Program	ns	(707) 544-6911 e. Date Signed	1.1	
d. Signature of Authorized Repres	esoniative Mil	4		e. Date Signed	(/03	

APPLICATION FOR	•	[a	***************************************	[AV A ! A E		
FEDERAL ASSISTANCE		2. DATE SUBMITTED  1.32 June 25, 2003		Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Iden	tifier	
Application	Preapplication					
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction	Non-Construction	L		<u> </u>		
5. APPLICANT INFORMATION			T			
Legal Name: County C	of Mariposa			Special Di		
Address (give city, county, State,			Name and telephone i	number of person to be	contacted on matters involving	
4639 Ben Hur			this application (give area code) (209) 966-5356			
Mariposa, CA	95338		James J. P	James J. Petropulos		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate	letter in box)	
	8 8 0		A. State	H. Independent School	, G	
8. TYPE OF APPLICATION:			B. County	•	titution of Higher Learning	
	□ c	Revision	C. Municipal	J. Private University		
Ŭ New	/ Continuation	☐ Kevision	D. Township	K. Indian Tribe		
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual		
		JJ	F. Intermunicipal	M. Profit Organization	1	
A. Increase Award B. Dec D. Decrease Duration Other	crease Award C. Increase	e Duration	G. Special District	N. Other (Specify)		
D. Decrease Duration Other	specity).		9. NAME OF FEDER	AL AGENCY:		
			U.S. Dept	. of Agricu	ılture	
		and the second second	Rural Dev			
	OMESTIC ASSISTANCE N	IMPED.		TLE OF APPLICANT'S	S PRO IECT:	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N			on of new v		
Water & Waste I	Dienogal Loan	10-760	troatment	on or new v	ding storage	
TITLE: & Grant		4	c dianear	. Don Pedro	ading scorage	
12 AREAS AFFECTED BY PRO	OJECT/Cities, Counties, St.	ates. etc.):			THE ACTUE	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  County of Mariposa		treatment facilities		HECEIVEL		
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:				AUG - 4 2003		
Start Date Ending Date	a. Applicant		b. Project			
7/04   5/05	19th Distr	ict			STATE CLEARING HO	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 P		W BY STATE EXECUTIVE	
a. Federal	\$2 647 200	.00	7			
	\$2,647,300		a. YES. THIS PRE	APPLICATION/APPLIC	CATION WAS MADE	
b. Applicant	\$	.00		E TO THE STATE EXE FOR REVIEW ON:	ECUTIVE ORDER 12372	
c. State	\$	.00	7			
d. Local	\$					
e. Other	\$	.00	b. No.   PROGR	AM IS NOT COVERED OGRAM HAS NOT BEE	N SELECTED BY STATE	
f. Program Income	\$	.00	FOR RE			
109.2	1	•	17. IS THE APPLICA	ANT DELINQUENT ON	ANY FEDERAL DEBT?	
g. TOTAL	\$	0.	Yes If "Yes,"	' attach an explanatio	n. 🖺 No	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF. A	LL DATA IN THIS APPLI	CATION/PREAPPLICA	TION ARE TRUE AND	CORRECT, THE	
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.						
a. Type Name of Authorized Re		T		c. Telephone Number	er	
James J. Petro		Director o	f Public Wo	$_{\rm tks}$ (209)90	66-5356	
		, , , , , , , , , , , , , , , , , , , ,	WALLY III	le. Date Signed		
d. Signature of Authorized Repf	Thu -			7/30/03		

APPLICATION FOR				OMB Approval No. 0348-00
FEDERAL ASSISTA	NCE	2. DATE SUBMITTE July 2	р 29, 2003	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED	BY STATE	State Application Identifier
Construction  Non-Construction	Construction  Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Y Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: Community Action P		oma County	Organizational Unit: Youth Service	ces
Address <i>(give city, county, State)</i> 1300 North Dutton Av	ve		Name and telephon this application (give	e number of person to be contacted on matters invole area code)
Santa Rosa, CA 954	101		Karen Oswa	ald, 707 544 6911
6. EMPLOYER IDENTIFICATIO	7/			CANT: (enter appropriate letter in box)
9 4 — 1 6 4 8 8. TYPE OF APPLICATION:	9 4 9		A. State B. County	H. Independent School Dist.  I. State Controlled Institution of Higher Learning
Nev	v	Revision	C. Municipal	J. Private University
If Revision, enter appropriate lett	-		D. Township E. Interstate F. Intermunicipal	K. Indian Tribe L. Individual M. Profit Organization
		se Duration	G. Special District	- A A
D. Decrease Duration Other	(specify):		9. NAME OF FEDE	RAL AGENCY:
		Commence and the state of the s	HHS; ACF; Off	ice of Community Services
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N			TITLE OF APPLICANT'S PROJECT:
		9 3 — 5 7	Father's Matter	
TITLE: 12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, St	ates, etc.):	_	RECEIVED
Sonoma County, Californ	ia .			<b>A</b> ugi − 14 2003 <sup>3</sup>
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:		STATE CLEARING HOUS
Start Date	a. Applicant Woo	olsey	b. Project	Woolsey
15. ESTIMATED FUNDING:			16. IS APPLICATIO	ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?
a. Federal	\$	40,000	a. YES. THIS PR	EAPPLICATION/APPLICATION WAS MADE
b. Applicant	\$	.00		SEE TO THE STATE EXECUTIVE ORDER 12372 SS FOR REVIEW ON:
c. State	\$	.00	DATE	07/29/03
d. Local	\$		b. No. PROG	RAM IS NOT COVERED BY E. O. 12372
e. Other	\$	.00	OR PR	OGRAM HAS NOT BEEN SELECTED BY STATE EVIEW
f. Program Income	\$	.00	17. IS THE APPLIC	ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$ 40,000.00		Yes If "Yes	," attach an explanation.	
				ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF				
a. Type Name of Authorized Rep Helga Lemke	presentative	b. Title Executive Direct	or	c. Telephone Number (707) 544-6911
d. Signature of Authorized Repre	esentative	lol.	Land	e. Date Signed 7/3c/03

APPLICA1	ION FOR				Applicant Identifier	
FEDERAL ASSISTANCE		2. DATE SUBMITTED August 1, 2003		Applicant Identine		
					O. A. A	
1. TYPE OF SU	BMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application		Preapplication		TEREDAL ACENCY	Federal Identifier	
Construc	tion	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	regeral identifier	
✓ Non-Cons		Non-Construction				
	INFORMATION		0 00 12 17	Organizational Unit:		
Legal Name: City of Riv	varside	MEGE		Riverside Poli	ce Department	
	ity, county, State	110117			number of person to be contacted on ma	atters involvinç
3900 Mair		, - T . X		this application (give a	rea code)	26.5860
	CA 92501	AUG	1 2003		Sr. Mgmt Analyst, (909) 8	
6. EMPLOYER	IDENTIFICATIO	N NUMBER (FIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	7
9 5	6000	17 6 9	TOUND HOUSE		C	
		L'ESTATE CLE	ARIMA MUUUL	A. State	H. Independent School Dist.  I. State Controlled Institution of Higher	r Leamino
8. TYPE OF AF	PLICATION:	The state of the s	and the second of the second o	B. County  C. Municipal	J. Private University	
	✓ Nev	w ☐ Continuation	Revision	D. Township	K, Indian Tribe	
		tor(a) in how(on)		E. Interstate	L. Individual	
If Revision, ent	er appropriate let	ter(s) in box(es)		F. Intermunicipal	M. Profit Organization	
A. Increase A	ward B De	crease Award C. Increas	e Duration	G. Special District	N. Other (Specify)	
D. Decrease		(specify):		9. NAME OF FEDER	AL AGENCY:	
				Dept. of Justice,	COPS Office	
		ALLEGE A COLOTANCE A	IIIMBED.	11 DESCRIPTIVE T	ITLE OF APPLICANT'S PROJECT:	
10. CATALOG	OF FEDERAL D	OMESTIC ASSISTANCE N	8 3 — 5 6 6		ommunication Equipment Gran	t
		le Communication Equ	inment Grant			
TITLE	: Interoperan	OJECT (Cities, Counties, St	tates, etc.):	-		
City of Rive		(Substitution)	,			
13. PROPOSE		14. CONGRESSIONAL D	ISTRICTS OF:			
		A N		b. Project		
Start Date	Ending Date	a. Applicant	13		43	
	<u> </u>			16. IS APPLICATION	N SUBJECT TO REVIEW BY STATE E	XECUTIVE
15. ESTIMATE	ED FUNDING:		QD QD	ORDER 12372 F		
a. Federal		\$	5,625,000	a. YES. THIS PRE	EAPPLICATION/APPLICATION WAS M	MADE
		-	00	AVAILAB	LE TO THE STATE EXECUTIVE ORDI	ER 12372
b. Applicant		\$	1,875,000	PROCES	S FOR REVIEW ON:	
c. State		\$	.00	1	08/01/03	
c. State		· ·		DATE		
d. Local		\$	.00	b. No, 🗖 PROGI	RAM IS NOT COVERED BY E. O. 1237	72 BY CTATE
e. Other		\$	. 00	OR PR	OGRAM HAS NOT BEEN SELECTED EVIEW	BYSIAIE
		\$	00	7		
f. Program Inc	come	•	·	17. IS THE APPLIC	ANT DELINQUENT ON ANY FEDERA	AL DEBT?
g. TOTAL		\$	7,500,000	I	" attach an explanation.	No No
10 TO THE S	SEST OF MY KN	OWLEDGE AND BELIEF, A	ALL DATA IN THIS APPLI	CATION/PREAPPLIC	ATION ARE TRUE AND CORRECT, T	HE TU TUE
DOCUMENT	HAS BEEN DUI	LY AUTHORIZED BY THE (	SOVERNING BODY OF IT	HE APPLICANT AND	THE APPLICANT WILL COMPLY WIT	(0.105
ATTACHED	ASSURANCES	IF THE ASSISTANCE IS AV	VARDED.			
a. Type Name	of Authorized R	epresentative	b. Title		c. Telephone Number (909) 826-5940	
Russ Lead	ch /		Chief of Police		e. Date Signed	7
d. Signature o	of Authorized Rep	presentative			6. Date digner 6 - 1 - 0	5
	1 1	NOO ( DU	<u> </u>		Chandard Form 424 (Pa)	7 7 07)

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## **APPLICATION FOR**

FEDERAL ASSISTANCE		2. DATE SUBMITTED July 22, 2003		Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application Identifier		
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY		Federal Identifier		
5. APPLICANT INFORMATION	Non-Construction	1				
Legal Name: CITY OF LIVE OAK			Organizational Unit:			
Address (give city, county, State, and zip code): 9955 LIVE OAK BLVD LIVE OAK, CA 95953		this application (give a	number of person to be contacted on matters involving area code) y, City Manager 530.695.2112			
6. EMPLOYER IDENTIFICATIO  9 4 - 6 0 0 0	7	•	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)  C  H. Independent School Dist.		
8. TYPE OF APPLICATION:	v Continuation	Revision	B. County C. Municipal	State Controlled Institution of Higher Learning     Private University		
If Revision, enter appropriate let	ter(s) in box(es)		D. Township E. Interstate F. Intermunicipal	K. Indian Tribe L. Individual M. Profit Organization		
	crease Award C. Increas (specify):	se Duration	G. Special District  9. NAME OF FEDER	L. Individual M. Profit Organization N. Other (Specify)  AUG 1 2003		
			U.S. Dept. of Ag	1974		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	IUMBER:	11. DESCRIPTIVE T	ITLE OF APPLICANT'S PROJECT:		
		10-760	Install 936 water meters, retrofit 554 meters with touch-read/rf metes, obtain software and computer hardware for new system. Install 500,000 gallon storage tank to provide needed storage capacity.			
12. AREAS AFFECTED BY PR	D WASTEWATER DI	~~~~				
City of Live Oak	COLOT (CIMOS) COMPINES, C		tank to provide i	needed storage capacity.		
13. PROPOSED PROJECT	14. CONGRESSIONAL D	DISTRICTS OF:				
Start Date   Ending Date   10/15/03   6/15/04	a. Applicant	2	b. Project	2		
15. ESTIMATED FUNDING:				N SUBJECT TO REVIEW BY STATE EXECUTIVE		
a. Federal	\$	1,750,000	ORDER 12372 P	EAPPLICATION/APPLICATION WAS MADE		
b. Applicant	\$	250,000 <sup>.00</sup>	AVAILABI	LE TO THE STATE EXECUTIVE ORDER 12372 S FOR REVIEW ON:		
c. State	\$		DATE	07/22/03		
d. Local	\$			RAM IS NOT COVERED BY E. O. 12372		
e. Other	\$	•	FOR REVIEW			
f. Program Income	\$	.00	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?		
2,000,000		Yes If "Yes," attach an explanation.				
DOCUMENT HAS BEEN DUL	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative B. Title City Manager				c. Telephone Number (530) 695-2112		
d. Signature of Authorized Rep	resentative			e. Date Signed 07/22/03		
Previous Edition Usable	Mark Comments of the Comments			Standard Form 424 (Rev. 7-97)		

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9164330860

August 1, 2003  TYPE OF SUBMISSION:  Application   Preapplication   Quarter	APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier	
TYPE OF SUBMISSION: Application Construction	FEDERAL ASSISTAN	CE				
TYPE OF SUBMISSION.    Construction			_		State Application Identifier	
Construction	1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	DIA IE	Store Approximation	
APPLICANT INFORMATION  AND A SACTAMENTO	Construction	Construction	4. DATE RECEIVED BY F	FEDERAL AGENCY	Federal Identifier	
Coty of Sacramento	X Non-Construction	(ACH-SCHOOL ACTION				
Sacramento County, City of Sacramento  1. PROPOSED PROJECT (Chee, Counter, States, etc.):  Sacramento County, City of Sacramento  1. PROPOSED PROJECT (Chee, Counter, States, etc.):  Sacramento County, City of Sacramento  1. PROPOSED PROJECT (Chee, Counter, States, etc.):  Sacramento County, City of Sacramento  1. PROPOSED PROJECT (Chee, Counter, States, etc.):  Sacramento County, City of Sacramento  1. PROPOSED PROJECT (Chee, Counter, States, etc.):  Sacramento County, City of Sacramento  1. PROPOSED PROJECT (Chee, Counter, States, etc.):  Sacramento County, City of Sacramento  1. PROPOSED PROJECT (Chee, Counter, States, etc.):  Sacramento County, City of Sacramento  1. PROPOSED PROJECT (Chee, Counter, States, etc.):  Sacramento County, City of Sacramento  1. PROPOSED PROJECT (Chee, Counter, States, etc.):  Sacramento County, City of Sacramento  1. PROPOSED PROJECT (Chee, Counter, States, etc.):  Sacramento Regional Interoperability  Demonscration Project  4. Sacramento Regional Interoperability  Demonscration Project  5. Project  5. Project  6. Project  7. Sacramento Regional Interoperability  Demonscration Project  1. Sacramento Regional Interoperability  Demonscration Project  1. Program Income  5. Project  6. Project  7. Program Income  5. Project  8. Project  9. Program Income  5. Project  9. Proj		FOI	E I W E LIN	Organizational Unit	ertment	
Secrement   Secr	City of Sacramento					
A. Siate   A. Independent School Dist   C.	Sacramento, CA 9582	AUG	11011	nia application <i>(give ar</i> Albert Najer	es code) ca 916) 433-0800	
Type of Application:   Revision		4 1 & TATE CLE	ARING HOUSE	A. State	H. Independent School Dist.	
Revision, enter appropriate latter(s) in box(es)	P TYPE OF APPLICATION:		and the control of th			
Revision, enter appropriate lattic(g) in box(ses)  A. Increase Award O. Decrease Award O. Decrease Award O. Decrease Duration Of Duration Of Duration Of Duration Of Duration Original Decrease Duration Of Duration Original Decrease Duration	±™ New	Continuation	Revision	D. Tawnship	K, Indian Tribe	
A. Increase Avaid  D. Decrease Avaid  D. Decrease Duration  Other (specify):  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  Sacramento Regional Interoperability  Demonstration Project  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Star Date  16. Is APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE  ORDER 12372 PROCESS?  16. Is APPLICATION WAS MADE  AVAILABLE TO THE STATE EXECUTIVE ORCER 12372  PROCESS FOR REVIEW ON:  C. State  5  17. IS THE APPLICATION ANY FEDERAL DEBT?  G. Other  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ANY FEDERAL DEBT?  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION AND THE APPLICANT WITH THE ASSISTANCE IS AWARDED.  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION AND THE APPLICANT WITH THE ASSISTANCE IS AWARDED.  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DILLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WITH THE ATTACHED ASSISTANCE IS AWARDED.  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION THE APPLICANT WITH THE ATTACHED ASSISTANCE IS AWARDED.  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICANT AND THE APPLICANT WITH THE ASSISTANCE IS AWARDED.  19. THE APPLICANT WITH THE ASSISTANCE IS AWARDED.  19. Date Signey.  19. Date Signey.  19. Date Signey.  19. Date Signey.  20. Date Signey.  21. Date Signey.  22. Date Signey.  23. Date Signey.  24. Date Signey.  25. Date Signey.  26. Date Signey.  27. Date Signey.  28. Date Signey.  29. Date Signey.  29	If Revision, enter appropriate latte	L(a) iu pox(ea)		, =	M. Prafit Organization	
D. Decrease Oursion Other(specify):  D. Description of Community Oriented Policing Service Office of Community Oriented Policing Service Sacramento Regional Interoperability Demonstration Project  Sacramento Regional Interoperability Demonstration Project  Sacramento Regional Interoperability Oriented Policing Service Office of Community Oriented Policing Service	A formand American	eese Award C Increase	Duration	·	_	
S. Department of Justice Office of Community Oriented Policing Ser	71.111010000					
Office of Community Oriented Policing Set  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Sacramento Regional Interoperability Demonstration Project  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  Sacramento County, City of Sacramento  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  5  SIST Date  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  OATE 3/01/03  1. No. PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  17. IS THE APPLICATION AND FEDERAL DEBT?  G. TOTAL  S. 7,982,600  18. TO THE BEST OF MY KNOWLEDGE AND BELLEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE ODCOMMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  OCCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  17. IS THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  18. TO THE BEST OF MY KNOWLEDGE AND BELLEF, ALL DATA IN THIS APPLICANT ON THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  19. TO THE BEST OF MY KNOWLEDGE AND BELLEF, ALL DATA IN THIS APPLICANT ON THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  19. TO THE BEST OF MY KNOWLEDGE AND BELLEF, ALL DATA IN THIS APPLICANT ON THE APPLICANT WILL COMPLY WITH THE  ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  19. TO THE BEST OF MY KNOWLEDGE AND BELLEF, ALL DATA IN THIS APPLICANT ON THE APPLICANT WILL COMPLY WITH THE  ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  19. TO THE BEST OF MY KNOWLEDGE AND BELLEF, ALL DATA IN THIS APPLICANT WILL COMPLY WITH THE  19. DATACHED FOR THE	D, Decides of Station	p = 1, y.		9. NAME OF FEDERA	AL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:				U.S. Depart	ment of Justice	
Sacramento Regional Interoperability  Demonstration Project  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  Sacramento County, City of Sacramento  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Start Date 10/01/03 09/30/04  15. ESTIMATED FUNDING:  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  16. Applicant  17. IS THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  C. State  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  G. TOTAL  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICANT ON ANY FEDERAL DEBT?  TO COMMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  18. Type Name of Authorized Representative  CITY Managet  19. 16. 808-5704  C. Stelephone Number S. CITY Managet CITY Managet C. Telephone Number S. CITY Managet C. Stelephone Number S. C		•		Office of C	ommunity Oriented Folicing Ser	
Sacramento Regional Interoperability Demonstration Project  12. AREAS AFFECTED BY PROJECT (Clies, Counties, States, etc.):  Sacramento County, City of Sacramento  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Stan Date 10/D1/03   Ending Date 10/D1/03   O9/30/04    15. ESTIMATED FUNDING:  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE 8/01/03  b. No.   PROGRAM IS NOT COVERED BY E. O. 12372   OR PROGRAM IS NOT COVERED BY E. O. 1237	10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:	
Demonstration Project  12. AREAS AFFECTED BY PROJECT (Clies, Counties, States, etc.):  Sacramento County, City of Sacramento  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Star Oate 10/01/03				Sacramento Regional Interoperability		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  Sacramento County, City of Sacramento  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Start Date 10/01/03 09/30/04		١.				
Sacramento County, City of Sacramento  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Sterr Date  10/01/03   09/30/04   5   5. Project  15. ESTIMATED FUNDING:  15. ESTIMATED FUNDING:  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  16. Applicant  17. STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION AND THE APPLICANT ON ANY FEDERAL DEBTY  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTY  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE  DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE  ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  18. Type Name of Authorized Representative  19. Date Signature of Authorized Representative  19. City Managet  19. City Managet  19. City Managet  10/01/03  10. Project  5  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE  ORDER 12372 PROCESS?  18. YES. THIS PREAPPLICATION AND SMADE  19. AVAILABLE TO THE STATE EXECUTIVE ORDER 12372  PROCESS FOR REVIEW ON:  DATE \$\frac{3}{0}\frac{1}{0}\frac{3}{0}\frac{3}{0}\frac{1}\frac{1}{0}\frac{1}{0}\frac{1}{0}\frac{1}{0}\frac{1}{0}\f	TITLE:	JEOT CHILL Counties Str	otog etr )'	Demonstrat	ion Project	
13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF: 5  Start Date 10/01/03   Samplicant   Samp	1				•	
13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF: 5  Start Date 10/01/03   Samplicant   Samp	Sacramento County,	City of Sacrame	ento			
Start Date  15, ESTIMATED FUNDING:  16, IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  16. IS APPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  C. State  5  17, 995, 650  D  D  D  D  D  D  D  D  D  D  D  D  D			STRICTS OF			
ORDER 12372 PROCESS?  a. Federal  5 5,986,950  b. Applicant  5 1,995,650  c. State  5 00  C. State  6 00  C. State  7 00  C. State  7 00  C. State  8 00 00  C. State  9 00  C. State  10 00  C. State  11 00  C. State  12 00  C. State  12 00  C. State  13 00 00  C. State  14 00  C. State  15 00  C. State  16 00  C. State  17 IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  C. State  18 TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  18 Type Name of Authorized Representative  19 16) 808-5704  C. Telephone Number  916) 808-5704  C. Telephone Number  916) 808-5704  C. Telephone Signed  C				5	OUR COTTO REVIEW BY STATE EXECUTIVE	
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE  AVAILABLE TO THE STATE EXECUTIVE ORDER 12372  PROCESS FOR REVIEW ON:  OATE 8/01/03  D. No. PROGRAM IS NOT COVERED BY E. O. 12372  OR PROGRAM HAS NOT BEEN SELECTED BY STATE  FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  G. TOTAL  S 7,982,600  O PEGENERAL DEBT?  TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE  DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE  ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Type Name of Authorized Representative  B. Tille  City Manager  C. Telephone Number  916) 808-5704  e. Oate Signed  O MANAGE OF THOMAS  C. Telephone Number  916) 808-5704  e. Oate Signed  O MANAGE OF THOMAS  C. Telephone Number  916) 808-5704	15, ESTIMATED FUNDING:			1		
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Description 1,995,650  C. State  S. DATE 8/01/03  DATE 8/0		3,900,900	. •	a. YES, THIS PRE AVAILABL	APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372	
d. Local  d. Local  b. No. PROGRAM IS NOT COVERED BY E. O. 12372  c. Other  5  6. Other  5  7,982,600  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  G. TOTAL  5  7,982,600  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Type Name of Authorized Representative  B. Date Signed  C. Telephone Number  916) 808-5704  e. Oate Signed  C. Telephone Signed	b. Applicant	1,995,650	'			
d. Local  b. No.   PROGRAM IS NOT COVERED BY E. O. 12372   OR PROGRAM HAS NOT BEEN SELECTED BY STATE   FOR REVIEW    f. Program Income   S	c. State	3	-	DATE _8	/01/03	
FOR REVIEW  f. Program Income  \$  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  g. TOTAL  \$  7,982,600  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Type Name of Authorized Representative  b. Title  C. Telephone Number  916) 808-5704  d. Signature of Authorized Representative  d. Signature of Authorized Representative  1. Signature of Authorized Representative  2. Date Signed  1. My 0. 2.	d. Local		•	b. No.   PROGR	AM IS NOT COVERED BY E. O. 12372	
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DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Type Name of Authorized Representative  b. Tible  City Manager  d. Signature of Authorized Representative  c. Telephone Number  916) 808-5704  e. Oate Signed  ( Manager)  10 Authorized Representative	1*	= 000 600	ο΄	<del></del>		
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Type Name of Authorized Representative  b. Title  City Manager  d. Signature of Authorized Representative  c. Telephone Number  916) 808-5704  e. Oate Signed  / Manager	18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	JA HOMEREAFFLICA JE APPLICANT AND I	THE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Representative  Robert P. Thomas  d. Signature of Authorized Representative  d. Signature of Authorized Representative  e. Oate Signed    Manager   M	DOCUMENT HAS BEEN DULY	THE ARRICTANCE IS AW	GVERNING BODT OF TR ARDED.	IE ALL MANNI VIIA		
Robert P. Thomas  d. Signature of Authorized Representative  c. Oate Signed  C. Type Name of Authorized Representative  c. Oate Signed  C. Type Name of Authorized Representative	ATTACHED ASSURANCES IF	presentative	b. Title		c. Telephona Number	
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